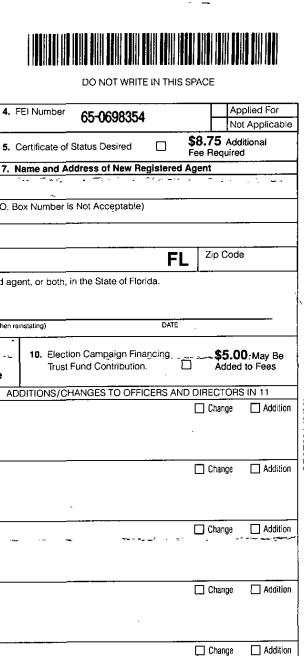
## 2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P96000075806 PARAMOUNT TRADING, INC. Mailing Address rincipal Flace of Business C/O STUART I. LEVIN. ESQUIRE \*\* STUART I. LEVIN, ESQUIRE 200 SOUTH BISCAYNE BLVD. #2930 SOUTH BISCAYNE BLVD. #2930 MIAMI FL 33131-2305 FL 33131-2320 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0698354 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ☐ Delete TITLE LEVIN, STUART I NAME 200 SOUTH BISCAYNE BLVD. #2930 STREET ADDRESS CITY-ST-ZIP ST ZIP MIAMI FL 33131-2320 ☐ Delete TITLE NAME . : xomiceg STREET ADDRESS CITY-ST-ZIE

## FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90093 014 \*\*\*150.00



I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen with an address, with all other like empowered.

TITLE

NAMÉ

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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ST-719

ADDDLCC

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

☐ Addition

CR2E034 (9/99)