

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072481

1. Entity Name

PARAGON CAPITAL GROUP, INC.

Principal Place of Business

7171 N. FEDERAL HWY.  
BOCA RATON FL 33487

Mailing Address

7171 N. FEDERAL HWY  
BOCA RATON FL 33487

2. Principal Place of Business

301 YAMATO ROAD

3. Mailing Address

301 YAMATO ROAD

Suite, Apt. #, etc.

SUITE 3160

Suite, Apt. #, etc.

SUITE 3160

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

Zip

33431

Country

USA

6. Name and Address of Current Registered Agent

GOLDSTEIN, JAMIE  
7171 N. FEDERAL HWY  
BOCA RATON FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TWYFORD, LEE**  
STREET ADDRESS **3201 S. OCEAN BLVD., APT. 801**  
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **D** ☐ Delete  
NAME **GOLDSTEIN, JAMIE**  
STREET ADDRESS **3201 S. OCEAN BLVD., APT. 801**  
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **D** ☐ Delete  
NAME **GOLDSTEIN, DON**  
STREET ADDRESS **3201 S. OCEAN BLVD., APT. 801**  
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90923 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0860843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

0030559