2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000014930

1. Entity Name

PARAMOUNT CONSULTING GROUP, INC.



FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90146 042 ***150.00

| Principal Place of Business 2385 NE 214 ST AVENTURA FL 33180 | | | 2385 | Mailing Address 2385 NE 214 ST AVENTURA FL 33180 | | | | | | | | |
|--|-----------------------|--|-----------------|--|---------------------------------|------------------------|--|--|------------|----------|------------------------------|--|
| 2. Principal F | Place of Busine | ess | 3. Mai | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE | IF MAKING | CHANGES | | |
| City & State | | | City | City & State | | | | FEI Number 65-0900255 | 5 | | pplied For ot Applicable | |
| Zip Country | | | Zip | Zip Cou | | | 5. | 5. Certificate of Status Desired See Required | | | ditional | |
| | 6. Name a | and Address of Curr | ent Registere | ed Agent | <u> </u> | | 7. | Name and Address of New F | | | | |
| | ** | ۰ تصر | | • | _ | Name | | | <u> </u> | • | | |
| WEBMAN | | | | _ | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 2385 NE AVENTUF | 214 31 RA FL 33180 | · i; · | | | | | | - | | | | |
| | | | | | | City | | | FL | Zip Cod | | |
| the obligat | ions of registe | red agent. printed name of registered a | | | | d Agent signature req | | agent, or both, in the State of Flo | DATE | | | |
| After | May 1, 2003 | FEE IS \$150.00 Fee will be \$550. Florida Departmen | | · | | | | 9. Election Campaign Fir Trust Fund Contributio | | | 0 May Be d to Fees | |
| 10. | | OFFICERS A | ND DIRECTO | RS | 11. | | Α | ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 | |
| TITLE NAME | PD Webman, 1 | APRV | | ☐ Delete | TITLE | 1 | • | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 2385 NE 2 AVENTURA | I4 ST | | - | STRE | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | I | | 70.49.0 | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | 4 | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Delete | STRE | ET ADORESS - ST-ZIP | | | er i sae j | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | ☐ Delete | | I | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREE | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS DITY-ST-ZIP | portify that the | programation available | with this fills | ☐ Delete | TITLE NAME STREE CITY- | ET ADDRESS ST-ZIP | Cacilia | n 119.07(3)(i), Florida Statutes. | , | ☐ Change | Addition | |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.