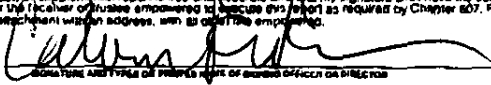


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90121 048 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000019724			
1. Entity Name PARIS MANAGEMENT, INC.			
Principal Place of Business 445 N.E. 6TH AVE., #1 DELRAY BEACH, FL 33483 US		Mailing Address C/O STAHL & ASSOC. 138 N. SWINTON AVE. DELRAY BEACH, FL 33444 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O CALVIN PARIS 601 NW 12TH ST City & State DELRAY BCH, FL Zip 33444 Country USA	
City & State		4. FEI Number 52-2143660	
Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARIS, CALVIN R 601 NW 12TH ST DELRAY BEACH, FL 33444		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		NOTE: Registered Agent's signature required when changing agent.	
9. Decision Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Filing			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D PARIS, CALVIN R 601 NW 12TH ST DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(1), 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 holder of business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Desk 10 or Desk 11 if changed, or on an attachment with an address, with its date of employment.			
SIGNATURE: 		4/28/03 243-053	