APR-28-2003 15:27 STAHL AND ASSOCIATES

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		3. Mailing Address	
		c/o CALVIN PARIS	
Suite, Apt #, etc.		Suite, Apt. #, etc. 601 NW 12th ST	
City & State		City & State DELRAY BCH, FL	
Zip	Country	Zip 33444	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2143660 — Applied For / Not Applicable

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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARIS, CALVIN R 601 NW 12TH ST DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with [illegible] address, with all other [illegible] empowered.

SIGNATURE: [signature] 4/28/03 243-0153

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #