

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90016 002 \*\*\*150.00

**DOCUMENT # P93000004102**

1. Entity Name  
**PARAGON EXPORT & CARGO, INC.**

Principal Place of Business

**2168 NW 82 AVENUE  
 MIAMI FL 33122  
 US**

Mailing Address

~~9010 SW 107TH AVE  
 SUITE 110  
 MIAMI FL 33186~~

**00057399**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**2168 N.W. 82 Ave.**

Suite, Apt. #, etc.

City & State

**Miami, Fl**

Zip

**33122**

Country

4. FEI Number **65-0431487**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IREGUI, HERNANDO  
 2168 NW 82 AVENUE  
 MIAMI FL 33122**

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

**4/27/01**

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

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>IREGUI, HERNANDO</b>	
STREET ADDRESS	<b>2168 NW 82 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	GM	<input type="checkbox"/> Delete
NAME	<b>Rojas, MARIA</b>	
STREET ADDRESS	<b>2168 NW 82 Avenue</b>	
CITY-ST-ZIP	<b>Miami, FL</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

*Hernando Iregui*

**HERNANDO IREGUI**

**4/27/01 786-388-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)