2006 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P96000012096 1. Entity Name PARALEGAL ASSISTANCE SERVICES, INC. 05-24-2000 90033 012 ***150.00 Principal Place of Business Mailing Address 2117 HOLLYWOOD BLVD 2112 TYLER STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6706 US 2. Principal Place of Business 3. Mailing Address 2112 Tyler Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0702638 Hollywood, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33020 USA Fee.Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (same) JOSEPH, LAWANDA Street Address (P.O. Box Number is Not Acceptable) 2112 Tyler Street 2117 HOLLYWOOD BLVD SUITE 112 Hollywood, 33020 HOLLYWOOD FL 33020 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. Lawanda Joseph 4-28-2000 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

(See criteria on back)		Make Check Payable to Department of State							
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	DPS	☐ Delete	TITLE		•			'🔀 Change	☐ Addition
NAME	JOSPEH, LAWANDA		NAME						
STREET ADDRESS	2117 HOLLYWOOD BLVD #112		STREET ADDRESS	2112 '	Tyler	Str	eet		Ì
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Holly	wood,	FL	33020		
TITLE	DVPT	☐ Delete	TITLE					₹ Change	☐ Addition
NAME	JOSEPH, MARCELLA		NAME				_		
STREET ADDRESS	2117 HOLLYWOOD BLVD #112		STREET ADDRESS	2112 T	_				
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Hollyw	ood,	FL	33020		
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						}
STREET ADDRESS			STREET ADDRESS						ļ
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME		·	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						Ì
STREET ADDRESS			STREET ADDRESS						
CITY_ST_7/P			CITY-ST-ZIP						i

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: Lawanda Joseph.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

<u>-925-8185</u>