

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N48948**

1. Entity Name

**THE FLORIDA PARALEGAL ASSOCIATION, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90936 022 \*\*\*\*61.25

Principal Place of Business

**480 NW 89TH ST.  
MIAMI FL 33150**

Mailing Address

**480 NW 89TH ST.  
MIAMI FL 33150-2436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2222312**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, ROBERT L.  
480 NW 89TH ST.  
MIAMI FL 33150**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH HOLLINGSWORTH</b>	
STREET ADDRESS	<b>480 N. W. 89 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, ROBERT L.</b>	
STREET ADDRESS	<b>480 N.W. 89TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JENKINS-EL, MARCHAHL A</b>	
STREET ADDRESS	<b>480 N. W. 89 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARKE, CONSTANCE M</b>	
STREET ADDRESS	<b>480 N. W. 89 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARIT-EL, GLADYS W</b>	
STREET ADDRESS	<b>480 N. W. 89 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**CLARE, CONSTANCE M.**

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 617, 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.

SIGNATURE: **FLORIDA PARALEGAL ASSOCIATION, INC. - President** 4-26-00 (305) 751-3062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)