

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48948

FILED
Apr 16, 2003
Secretary of State

Entity Name: THE FLORIDA PARALEGAL ASSOCIATION, INC.

Current Principal Place of Business:

480 NW 89TH ST.
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

480 NW 89TH ST.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 59-2222312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOSEPH HOLLINGSWORTH,
Address: 480 N. W. 89 ST.
City-St-Zip: MIAMI, FL 33150

Title: P () Delete
Name: HALL, ROBERT L.,
Address: 480 N.W. 89TH STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: JENKINS-EL, MARC A
Address: 480 N. W. 89 ST.
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: CLARE, CONSTANCE M
Address: 480 N. W. 89 ST.
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: CLARIT-EL, GLADYS W
Address: 480 N. W. 89 ST.
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. HALL

D

04/16/2003

Electronic Signature of Signing Officer or Director

Date