

Amendment  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

\$61.25  
8.75  
\$70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

DOCUMENT # P00000010709  
1. Entity Name Paralegals Net 2000, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 630 South State Rd 7  
Suite, Apt. #, etc.

3. Mailing Address Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Margate, FL  
Zip 33068  
Country U.S.A.

City & State  
Zip  
Country

4. FEI Number 04-3626984  
Applied For Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jorge Penabiel  
Street Address (P.O. Box Number is Not Acceptable) 630 South State Road 7  
City Margate FL Zip Code 33068

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 Jorge Penabiel 3/27/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	Jorge Penabiel	630 South State Road 7	Margate, FL 33068
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
100005326821--4 -04/23/02--01066--003 *****70.00 *****70.00			

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 (954) 973-1717  
Date Daytime Phone #

CR2E034B (12/01)