

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000011457**

1. Entity Name

**PARADIGM PRODUCTION SERVICES, INC.****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90020 036 \*\*\*150.00

Principal Place of Business

Mailing Address

~~11885 SW 13TH COURT~~  
~~DAVIE FL 33325~~~~11885 SW 13TH COURT~~  
~~DAVIE FL 33325~~

2. Principal Place of Business

**5283 N.W. 108th Ave**

Suite, Apt. #, etc.

3. Mailing Address

**5283 N.W. 108th Ave**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Sunrise FL**

City &amp; State

**Sunrise, FL**

4. FEI Number

**65-0971866**

Applied For

Not Applicable

Zip

**33351**

Country

**U.S.**

Zip

**33351**

Country

**U.S.**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

**GONZALEZ, IRVING JOSEPH**  
**444 BRICKELL AVENUE SUITE 804**  
**MIAMI FL 33186**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 **P** ☐ Delete  
NAME **VALDEZ, JORGE**  
STREET ADDRESS **11885 SW 13TH COURT**  
CITY-ST-ZIP **DAVIE FL 33324**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **MASS, GARY**  
STREET ADDRESS **11885 SW 13TH COURT**  
CITY-ST-ZIP **DAVIE FL 33324**TITLE ☒ Change ☐ Addition  
NAME **1500 Springside Drive**  
STREET ADDRESS **Weston, FL 33326**  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jorge Valdez****3/15/01**

Date

**(954) 578-5253**

Daytime Phone #

CR2E034 (10/00)