

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90975 030 ***150.00

03/2003 AV

DOCUMENT # P00000011457

1. Entity Name
PARADIGM PRODUCTION SERVICES, INC.



Principal Place of Business
5283 NW 108TH AVE
SUNRISE FL 33351

Mailing Address
5283 NW 108TH AVE
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

5607 Hiatus Road

5607 Hiatus Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Tamarac FL

Tamarac FL

Zip

Country

Zip

Country

33321

USA

33321

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0971866

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VALDEZ, JORGE
STREET ADDRESS 2801 NW 119TH AVENUE
CITY-ST-ZIP PLANTATION FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MASS, GARY
STREET ADDRESS 1500 SPRINGSIDE DR
CITY-ST-ZIP WESTON FL 33326

TITLE
NAME
STREET ADDRESS 801 NW 132nd Ave
CITY-ST-ZIP Sunrise, FL 33325 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS Secretary
CITY-ST-ZIP Nicholas Freed ☐ Change ☒ Addition
2353 NW 96th Way
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 954-933-9210

Date

Daytime Phone #

CR2E034 (10/02)