

3
FILED
Jul 20, 2001 8:00 am
Secretary of State

03-28-2001 90186 029 ***150.00

10139



DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022052			
1. Entity Name CONTINENTAL PARALEGAL SERVICES INC.			
Principal Place of Business 561 NE 79TH ST. #205 MIAMI FL 33138		Mailing Address 561 NE 79TH ST. #205 MIAMI FL 33138	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0990722		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, ROBERTO MR. 561 NE 79TH ST. #205 MIAMI FL 33138		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, ROBERTO 561 NE 79TH ST. #205 MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CORDERO, OMAR 561 NE 79TH ST. #205 MIAMI FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 689, 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 REQUIRED		Date 7/16/01 (305) 7589890	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

CR2E034 (5/01)

Attachment

10/39

P00000022052

**Continental Paralegal
Service Inc.**

561 NE. 79TH. STREET SUITE 205 MIAMI FL.33138
TEL: (305) 758-9870 FAX: (305) 758-9856

Miami 07-03-01

DIVISION OF THE CORPORATIONS
TALLAHASSEE.

Dear Sir or Madam.

Enclosed Copy of the Canceled
check # 518872 for \$ 150.00 Doll, Cashed for the Department of State on
03-29-01 for the Payment of our Corporation for the year of 2001.

Thank for your cooperation in this particular case.

Sincerely;



Omar Cordero
Continental Paralegal-Service

Attachment 10139 + P2000000202

518872
DATE 12-24-01
050293503 052018688 04 04-02-01
PAY TO THE ORDER OF *DIVISION OF COLLECTORIALS* \$150.00
Don't forget to pay
COMMERCIAL BANK
NATIONAL ASSOCIATION
11000 Biscayne Blvd.
Miami, Florida 33181
MEMO TO
110670105091 1185002613106 00000015000

20010000001001398
050293503 052018688 04 04-02-01
ORIGINAL
DOCU
BANK OF AMERICA
MAR 28 2001
ACCT # 1009068796
FEDERAL RESERVE BOARD OF GOVERNORS REG. COI
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