

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90006 021 \*\*\*150.00

**DOCUMENT # P00000099683**  
1. Entity Name  
**SORIAPERU PARALEGAL SERVICES & ASSOCIATES, INC.**

Principal Place of Business  
**4530 NW 79 AVE., APT. 2C**  
**MIAMI FL 33166**

Mailing Address  
**4530 NW 79 AVE., APT. 2C**  
**MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1057330**

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

**SORIANO, CARLOS M**  
**4530 NW 79 AVE., APT. 2C**  
**MIAMI FL 33166**

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 \$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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SORIANO, CARLOS M**  
STREET ADDRESS **4530 NW 79 AVE., APT. 2C**  
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **V** ☐ Delete  
NAME **SORIANO, LUISA R**  
STREET ADDRESS **4530 NW 79 AVE., APT. 2C**  
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/12/01**  
Date

Daytime Phone #

CR2E034 (5/01)

September 12, 2001.

**Alfonso Cordero C.P.A., P.A.**  
Certified Public Accountant

8025 NW 36 Street  
Suite 302  
Miami, Florida 33166

Phone: (305) 599-4111  
Fax: (305) 599-0895  
Email: corderocpa@aol.com

**Services:**

Income Tax  
(business and  
personal)  
Accounting  
Consulting  
Budgeting  
SBA Loans  
IRS e-file  
New Business Setup  
Tax Planning  
Experience in Nonprofit  
organizations

**Business Hours:**

Monday to Friday  
9:00 AM to 5:00 PM  
Saturdays and week days  
extended hours  
during tax season

**Our Commitment:**

There is nothing  
more personal than  
your income taxes.  
That's why we go  
out of our way to be  
accessible to you,  
to listen to your  
concerns, and  
provide you with  
the individual  
attention you deserve.  
"Your success is our success."

**Call today for an appointment.**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Handwritten signature*

Re: Soriaperu Paralegal services & Associates, Inc.  
Document Number: P00000099683  
2001 Annual - Uniform Business Report

Dear Sirs:

This letter is regarding the \$750.00 filing fee for the  
renewal of the above named corporation.

We are respectfully requesting the abatement of the  
reinstatement fee of \$600.00. It is the first time for the  
corporation to present the report. By involuntary mistake  
the report was misplaced for several months and the  
directors were are not aware of the time for filing the  
report.

Please review the above circumstance and abate the penalty  
of the reinstatement fee. Mrs. Carlos Soriano has made a  
commitment to make the payment of renewal timely now  
and in the future, and notify the Division of Corporation of  
any change that will occur.

Enclosed are an Original 2001 Uniform Business Report  
and a check payable to the Department of State in the  
amount of \$150.00.

Thanks for your prompt attention to this matter. If you need  
additional information do not hesitate to call or contact us  
at 305- 406.1478-

Cordially,

*Handwritten signature of Carlos M. Soriano*  
Carlos M. Soriano  
President

*Handwritten signature of Flor Cordero*  
Flor Cordero  
Accountant