FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 11, 2002 8:00 am P01000039004 DOCUMENT # **Secretary of State** 1. Entity Name 03-11-2002 90056 037 \*\*\*150.00 IMMIGRATION & PARALEGAL MULTIPLE SERVICES, INC. Principal Place of Business Mailing Address 634 SW 22 AVE 634 SW 22 AVE MIAMI FL 33135 **MIAMI FL 33135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ-GARRIDO, JOSE Street Address (P.O. Box Number is Not Acceptable) 3170 S.W. 16 STREET APT #1 **MIAMI FL 33145** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be .Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (9/01 TITLE Delete TITLE ☐ Change NAME RODRIGUEZ-GARRIDO, JOSE MAME 3170 S.W. 16 STREET SPT #1 STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with an address

D NAME OF SIGNING OFFICER OR DIRECTOR