

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 024 ***150.00

DOCUMENT # P01000113073

1. Entity Name

L.A.W.S. LEGAL ASSISTANCE WORLD SERVICE
CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11890 S.W. 8 St PH VII

3. Mailing Address

Same as # 2

Suite, Apt. #, etc.

Penthouse VII

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1155945

Applied For

Not Applicable

Zip

33184

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FELIPE A. CANIZALEZ

Street Address (P.O. Box Number is Not Acceptable)

11890 S.W. 8 Street Penthouse VII

City Miami

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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 Felipe A. Canizalez

Signature, typed or printed name of registered agent and title if applicable.

(N/C) E: Registered Agent signature required when reinstating

04/30/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME Felipe A. Canizalez
STREET ADDRESS 6004 Black Plum Court
CITY - ST - ZIP Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP
NAME Mirelbys, Hernandez
STREET ADDRESS 6004 Black Plum Court
CITY - ST - ZIP Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S
NAME Maria Gonzalez
STREET ADDRESS 6004 Black Plum Court
CITY - ST - ZIP Tamarac, FL 33321

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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Felipe Canizalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe A. Canizalez, President

Date

04/30/2002

Daytime Phone #

CR2E034B (12/01)

(305) 551-3431