

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-21-2003 90129 037 ***158.75

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000035264

1. Entity Name
PARALEGAL/IMMIGRATION SERVICES, INC.



Principal Place of Business
4101 N ANDREWS AVE. STE 303
FT LAUDERDALE FL 33309

Mailing Address
5216 NE 3 TERRACE
FT LAUDERDALE FL 33334

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55006663



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3029325

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

WILKINS, ELIZABETH A ESQ.
3921 SW 15 ST, #28
DEERFIELD BEACH FL 33442

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
ETIENNE, CHARITE
5216 NE 3 TERR
FT LAUDERDALE FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
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ETIENNE, ROSE M
5216 NE 3 TERR
FT LAUDERDALE FL 33334

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CITY-STATE-ZIP

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STREET ADDRESS
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VIL, NATHANAE
1841 N ANDREWS AVE
FT LAUDERDALE FL 33311

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CITY-STATE-ZIP

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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

Charite Etienne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-03

Date

(954) 564-7022

Daytime Phone

CR2034 (10/02)