

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048200

1. Entity Name

EVEREADY PARALEGALS AND INTERPRETERS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90035 008 ***150.00

Principal Place of Business

Mailing Address

19 WEST FLAGLER STREET
#217
MIAMI FL 33130

19 WEST FLAGLER STREET
#217
MIAMI FL 33130-4407

2. Principal Place of Business

19 N. FLAGLER ST

3. Mailing Address

19 W. FLAGLER ST

Suite, Apt. #, etc.

SUITE 906

Suite, Apt. #, etc.

SUITE 906

City & State

MIAMI

City & State

MIAMI

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

65-0514520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POST, ZEIDA
2160 SW 20 ST
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

ZEIDA POST

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

8301 N. BAYSHORE DR.

City

MIAMI

FL

Zip Code

33138

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
POST, ZEIDA
19 W FLAGLER ST #217
MIAMI FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ZEIDA POST
PRESIDENT
19 W. FLAGLER ST #906
MIAMI FL 33138 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)