

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000048200**

1. Entity Name

EVEREADY PARALEGALS AND INTERPRETERS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90103 010 ***150.00

Principal Place of Business

**19 WEST FLAGLER STREET
STE 906
MIAMI FL 33138
US**

Mailing Address

**19 WEST FLAGLER STREET
STE 906
MIAMI FL 33138
US**

2. Principal Place of Business

19 W. FLAGLER ST.

Suite, Apt. #, etc.

SUITE 906

City & State

MIAMI FL

Zip **33130**

Country

US

3. Mailing Address

19 W. FLAGLER ST.

Suite, Apt. #, etc.

SUITE 906

City & State

MIAMI FL

Zip **33130**

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0514520

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POST, ZEIDA
8501 N BAYSHORE DR
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

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

City

State

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 date if applicable)

(NOTE: Registered Agent's 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, 2001 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	P	☐ Delete
NAME	POST, ZEIDA	
STREET ADDRESS	19 W FLAGLER ST #906	
CITY-STATE-ZIP	MIAMI FL 33138	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4-18-01

(305) 377-8009

CR2E034 (10/00)