

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90167 050 \*\*\*150.00

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**DOCUMENT # P94000048200**

1. Entity Name  
**EVEREADY PARALEGALS AND INTERPRETERS, INC.**



Principal Place of Business  
**19 WEST FLAGLER STREET  
STE 906  
MIAMI FL 33130  
US**

Mailing Address  
**19 WEST FLAGLER STREET  
STE 906  
MIAMI FL 33130  
US**



2. Principal Place of Business  
**19 W. FLAGLER STREET  
Suite, Apt. #, etc.  
SUITE 1104**

3. Mailing Address  
**19 W. FLAGLER ST.  
Suite, Apt. #, etc.  
SUITE 1104**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**  
Zip  
**33130** Country

City & State  
**MIAMI, FL**  
Zip  
**33130** Country

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  
19 W FLAGLER ST  
SUITE 906  
MIAMI FL 33130**

## 7. Name and Address of New Registered Agent

Name  
**POST, ZEIDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**19 W. FLAGLER ST. SUITE 1104**  
City  
**MIAMI** **FL** Zip Code  
**33130**

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

(NOTE: Registered Agent signature required when reinstating)

**04-08-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POST, ZEIDA 19 W FLAGLER ST #906 MIAMI FL 33138</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VALDES, ERNESTO 1067 NE 88 ST MIAMI FL 33138</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>POST, ZEIDA 19 W. FLAGLER ST. SUITE 1104 MIAMI FL 33130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-08-03**

Date

**(305)377-8009**

Daytime Phone #

CR2E034 (10/02)