

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090024

1. Entity Name

THE CENTER FOR PROFESSIONAL LEGAL SERVICES OF GR

Principal Place of Business

5405 DIPLOMAT CIRCLE SUITE 201
ORLANDO FL 32801

Mailing Address

5405 DIPLOMAT CIR
STE 201
ORLANDO FL 32810-5614
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3347035

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

PERSAD, TEE
5405 DIPLOMAT CIRCLE SUITE 201
ORLANDO FL 32801

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT AND TREASURER** ☐ Delete
NAME **PERSAD, TEE**
STREET ADDRESS **4330 N GOLDENROD RD #1423**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **PRESIDENT AND TREASURER** ☐ Change ☐ Addition
NAME **PERSAD, TEE**
STREET ADDRESS **2628 CENTER KEY ROAD**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **LUGO-JANER, ALBERTO**
STREET ADDRESS **12831 BUTLER BAY COURT**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-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

Date

Daytime Phone #

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90022 001 ***317.50



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)