

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004571

1. Entity Name

COMMUNITY PARALEGAL SERVICE III INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90412 036 \*\*\*150.00

Principal Place of Business

Mailing Address

65 N.E. 10TH ST  
POMPAÑO BEACH FL 33060

65 N.E. 10TH ST  
POMPAÑO BEACH FL 33060-5773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

COMMUNITY PAR. SVCS. 3, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

65 NE 10TH STREET

65 NE 10TH STREET

CITY & STATE  
POMPAÑO BEACH, FL

CITY & STATE  
POMPAÑO BEACH, FL

Zip  
33060

Country  
USA

Zip  
33060

Country  
USA

4. FEI Number

65-0814020

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

THERMIDOR, SIMON B  
760 W SAMPLE RD  
POMPAÑO BEACH FL 33064

65 NE 10TH ST  
POMPAÑO BEACH, FL 33060

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
THERMIDOR, SIMON B  
65 N.E. 10TH ST  
POMPAÑO BEACH FL 33060 ☐ Delete

TITLE  
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☐ 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: SIMON B. THERMIDOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/00 (954) 943-0130  
Date Daytime Phone #

CR2E034 (9/99)