

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 11, 2000 8:00 am
Secretary of State

04-18-2000 90147 001 ***150.00

DOCUMENT # P97000050048

1. Entity Name

EPSILON PARALEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~1224 NW 72 AVE~~ **1825 PONCE**
~~MIAMI FL 33126~~ **DELEON BLVD.**
SUITE 425
CORAL GABLES, FL 33134

~~1224 NW 72 AVE~~
~~MIAMI FL 33126~~

1825 PONCE D
SUITE 425
CORAL GABLES, FL 33134

2. Principal Place of Business

1825 PONCE DE LEON
425

3. Mailing Address

SAME AS
PRINCIPAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL GABLES

City & State

4. FEI Number

65-0932987

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

MIAMI-DADE

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

~~KHAMISSIAN, AMY~~
~~1224 NW 72ND AVE~~
~~MIAMI FL 33126~~

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 **P** ☐ Delete
 NAME **KHAMISSIAN, AMY**
 STREET ADDRESS **1224 NW 72 AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)