

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087552

1. Entity Name

CORPORATE PARALEGAL SERVICES, CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90145 001 ***158.75

Principal Place of Business

Mailing Address

222 EAST BULLARD PARKWAY
TAMPA FL 33617

222 EAST BULLARD PARKWAY
TAMPA FL 33617-5512

2. Principal Place of Business

306 E. Bullard Pkwy.

3. Mailing Address

P.O. Box 25011



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL.

City & State

TAMPA FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33617

County

Hillsborough

Zip

33622

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
222 EAST BULLARD PARKWAY
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name: Jose S. Ramos

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

306 E. Bullard Pkwy.

City

TAMPA

FL

Zip Code

33617

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)

José S. Ramos

3-16-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE S	
STREET ADDRESS	222 EAST BULLARD PARKWAY	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAMOS, MINERVA F	
STREET ADDRESS	222 EAST BULLARD PARKWAY	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	José S. Ramos	
STREET ADDRESS	306 E. Bullard Pkwy.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	S-T-D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINERVA F. RAMOS	
STREET ADDRESS	306 E. Bullard Pkwy.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

José S. Ramos - President 3/16/00 813/988-31

Date

Daytime Phone #