

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90024 002 ***158.75

DOCUMENT # P97000087552

1. Entity Name

CORPORATE PARALEGAL SERVICES, CORPORATION

Principal Place of Business

**306 E. BULLARD PKWY.
TAMPA FL 33617**

Mailing Address

**P.O. BOX 25011
TAMPA FL 33622**

2. Principal Place of Business

**17905 CACHET Isle
Suite, Apt. #, etc.**

3. Mailing Address

**17905 Cachet Isle
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Jose S. Ramos**
Street Address (P.O. Box Number is Not Acceptable)
17905 CACHET Isle
City **TAMPA** FL Zip Code **33647**

I, the named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Jose S. Ramos** DATE **4-15-2002**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, JOSE S		NAME		
STREET ADDRESS	306 E. BULLARD PKWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MINERVA F		NAME		
STREET ADDRESS	306 E. BULLARD PKWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 indicated, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jose S. Ramos - President** DATE: **4-15-2002** DAYTIME PHONE #: **813-985-9175**

CR2E034 (9/01)