

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90182 026 \*\*\*150.00

**90135625**

**DOCUMENT #** P97000087552

1. Entity Name

**CORPORATE PARALEGAL SERVICES, CORPORATION**

Principal Place of Business

Mailing Address

**17905 CACHET ISLE DR.  
TAMPA, FL 33647**

**17905 CACHET ISLE DR.  
TAMPA, FL. 33647**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSE S. RAMOS  
17905 CACHET ISLE DRIVE  
TAMPA, FL 33647**

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 **PD** ☐ Delete  
NAME **JOSE S. RAMOS**  
STREET ADDRESS **306 E. BULLARD PKWY**  
CITY-ST-ZIP **TAMPA, FL 33617**

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

TITLE **STD** ☐ Delete  
NAME **MINERVA F. RAMOS**  
STREET ADDRESS **306 E. BULLARD PKWY**  
CITY-ST-ZIP **TAMPA, FL 33617**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 19.07(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:

**JOSE S. RAMOS**

**PRESIDENT**

**5/12/03**

**813-985-3175**

Attachment

90135625

p97000087552

CORPORATE PARALEGAL SERVICES, CORPORATION

17905 Cachet Isle  
Tampa, Fl. 33647

May 12, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

RE: 2003 Uniform Business Report

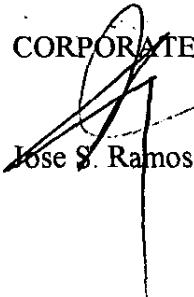
Gentlemen:

As per our telephone conversation with your department today, enclosed please find our check in the amount of \$150.00 and our typed report of the Uniform Business Report.

Please be advised that I did not receive your annual renewal report.

Truly yours,

CORPORATE PARALEGAL SERVICES, CORP.

  
Jose S. Ramos, M.B.A.