

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042925

1. Entity Name

PARADIGM CLINICAL CONSULTANTS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90019 010 ***150.00

C0012291



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3361 NW 20TH STREET
MIAMI FL 33142

3361 NW 20TH STREET
MIAMI FL 33142-6903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0842232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TORRIENTE, COSME DE LA ESQ
155 SOUTHWEST 25TH ROAD
MIAMI FL 33129

Name EDUARDO J. MENDEZ

Street Address (P.O. Box Number is Not Acceptable)
9370 S.W. 72 ST.

SUITE A-214

City MIAMI - FL

FL

Zip Code 33173

8. The above named entity admits 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 PSD ☐ Delete
NAME CASTANO, ALEY
STREET ADDRESS 3361 NW 20TH STREET
CITY-ST-ZIP MIAMI FL 33142

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

TITLE VPD ☐ Delete
NAME ROIG, ARMANDO J
STREET ADDRESS 4850 N. 36TH CT.
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE TD ☐ Delete
NAME LLENIN, BARBARA
STREET ADDRESS 3361 NW 20TH STREET
CITY-ST-ZIP MIAMI FL 33142

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *A*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEY CASTANO

Date

Daytime Phone #

1/18/00 (305) 633-0818

CR2E034 (9/99)