

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90440 006 \*\*\*150.00

DOCUMENT # P 99000021514

1. Entity Name

PARADIGM TECHNOLOGY SOLUTIONS Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7332 INTERNATIONAL DR

Suite, Apt. #, etc.

3. Mailing Address

7332 INTERNATIONAL DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-2217646

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

SHAH KAM A

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

9536 CASTLEFORD POINT

City

ORLANDO

FL

Zip Code

32836

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / CEO / DIRECTOR KAM A SHAH 9536 CASTLEFORD POINT ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT / SECRETARY / DIRECTOR PATRICK C SORANDO 4842 WESTCHESTER ST ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ANIL DETHANDE 7551 POINTVIEW CIRCLE ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR HALLOIN JACK 1311 BRIDGEFORD AVE BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR NEELA K SHAH 9536 CASTLEFORD POINT ORLANDO FL 32836
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: Kam A Shah (KAM ASHAH)

4/8/02

407-776-7110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)