

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042266

1. Entity Name

PARADIGM CONSULTING GROUP, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90016 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1216 VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33304

1216 VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33304-2418

2. Principal Place of Business

2550 N. FEDERAL HWY.

3. Mailing Address

2550 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 10

Suite, Apt. #, etc.

SUITE 10

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33305

Country

US

Zip

33305

Country

US

4. FEI Number

65-0923331

Applied For

Not Applicable

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

MENDOZA, DOUGLAS S  
1216 VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33304

Name DOUGLAS S. MENDOZA

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

2550 N. FEDERAL HIGHWAY

SUITE 10

City

FORT LAUDERDALE, FL

Zip Code

33305

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 PVST ☐ Delete  
NAME MENDOZA, DOUGLAS S  
STREET ADDRESS 1216 VICTORIA PARK ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE PVT ☒ Change ☐ Addition  
NAME MENDOZA, DOUGLAS S  
STREET ADDRESS 2550 N. FEDERAL HIGHWAY SUITE 10  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE D ☐ Delete  
NAME MENDOZA, DOUGLAS S  
STREET ADDRESS 1216 VICTORIA PARK ROAD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE S ☐ Change ☒ Addition  
NAME MENDOZA, SHARON  
STREET ADDRESS 2550 N. FEDERAL HIGHWAY SUITE 10  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

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  
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  
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

Date

Daytime Phone #

CR2E034 (9/99)