

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042266

1. Entity Name  
PARADIGM CONSULTING GROUP, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90052 022 \*\*\*150.00

Principal Place of Business  
2550 N. FEDERAL HWY  
SUITE 10  
FORT LAUDERDALE FL 33304

Mailing Address  
2250 N FEDERAL HWY  
SUITE 10  
FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1628 N. FEDERAL HWY  
Suite, Apt. #, etc.  
SUITE 200

3. Mailing Address  
1628 N. FEDERAL HWY  
Suite, Apt. #, etc.  
SUITE 200

City & State  
FT. LAUDERDALE, FL  
Zip  
33305  
Country  
US

City & State  
FT. LAUDERDALE, FL  
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  
MENDOZA, DOUGLAS S  
2550 N. FEDERAL HWY  
STE 10  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent  
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 DATE 4/5/01  
(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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MENDOZA, DOUGLAS S 2550 N. FEDERAL HWY STE 10 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, DOUGLAS S 1216 VICTORIA PARK ROAD FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDOZA, SHARON 2550 N. FEDERAL HWY STE 10 FORT LAUDERDALE FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T MENDOZA, DOUGLAS S. 1628 N. FEDERAL HWY. SUITE 200 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MENDOZA, SHARON, M. 1628 N. FEDERAL HWY. SUITE 200 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERG, MICHAEL C. 1628 N. FEDERAL HWY SUITE 200 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 1/4/01 DAYTIME PHONE # 954-567-1011 X13  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)