

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072915

1. Entity Name

GLS PARALEGAL SERVICES, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90004 034 ***150.00

Principal Place of Business

Mailing Address

7378 W. ATLANTIC BLVD.

7378 W. ATLANTIC BLVD.

#292

#292

MARGATE FL 33063

MARGATE FL 33063-4214

2. Principal Place of Business

190 SW 75th Avenue

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Margate FL

City & State

4. FEI Number

65-0941957

Applied For

Not Applicable

Zip

33068

Country

USA

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

Gretchen L. Santoro

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

190 SW 75th Avenue

City

Margate

FL

Zip Code

33068

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

Gretchen L. Santoro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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 ☐ Delete
NAME D
STREET ADDRESS SANTORO, GRETCHEN L
CITY-ST-ZIP 190 S.W. 75TH AVENUE
MARGATE FL 33068

TITLE ☐ Change ☒ Addition
NAME V-President
STREET ADDRESS Santoro, Chris S.
CITY-ST-ZIP 190 SW 75th Ave
Margate, FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Chris S. Santoro
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

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:

Gretchen L. Santoro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

675-9233

CR2E034 (9/99)