

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000105465

1. Entity Name

PARALEGAL SOLUTIONS USA, INC

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90253 001 ***450.00

Principal Place of Business Mailing Address
8265 W. SUNRISE BLVD 8265 W. SUNRISE BLVD
PLANTATION, FL 33322 PLANTATION, FL 33322

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

FEI Number

65-0964903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, IAN

8265 W. SUNRISE BLVD
PLANTATION, FL 33322

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

Signature of individual 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

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GARDNER, IAN
STREET ADDRESS 8265 W. SUNRISE BLVD
CITY-ST-ZIP PLANTATION, FL 33322

☐ Delete

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☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

5/5/00 954/723-0303