

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55835

1. Entity Name

PARAMEDIA (USA), INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90021 011 \*\*\*150.00

Principal Place of Business

2355 SALZEDO ST  
303  
CORAL GABLES FL 33134  
US

Mailing Address

2355 SALZEDO ST  
303  
CORAL GABLES FL 33134-5061  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0442124

Applied For

Not Applicable

Zip

Country

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

FREIXAS, JOSE M  
2355 SALZEDO AVE  
#303  
CORAL GABLES FL 33134

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, 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          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | LEHRMAN, JEFFREY E. ESQ. |  |
| STREET ADDRESS | 2699 S. BAYSHORE DR.300D |  |
| CITY-ST-ZIP    | COCONUT GROVE FL         |  |
| TITLE          | P                        | <input type="checkbox"/> Delete            |
| NAME           | FREIXAS, JOSE M          |  |
| STREET ADDRESS | 21 SW 32 AVE             |  |
| CITY-ST-ZIP    | MIAMI FL 33145           |  |
| TITLE          | C                        | <input type="checkbox"/> Delete            |
| NAME           | SANTIAGO, ARRIAZU        |  |
| STREET ADDRESS | JOSE ABASCAL 57          |  |
| CITY-ST-ZIP    | 28003 MADRID ESPANA      |  |
| TITLE          | TS                       | <input type="checkbox"/> Delete            |
| NAME           | FAEIXAS, ROSA            |  |
| STREET ADDRESS | 21 SW 32 AVE             |  |
| CITY-ST-ZIP    | MIAMI FL                 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**STAMP REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M FREIXAS PRESIDENT

2/3/00 (305) 444-0010  
Date Daytime Phone #

CR2E034 (9/99)