

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90022 033 ***150.00

DOCUMENT # J82226

1. Entity Name
ACCUPAY SERVICES CORP.

Principal Place of Business

**4801 S UNIVERSITY DR
 SUITE 3000
 DAVIE FL 33328
 US**

Mailing Address

**4801 S UNIVERSITY DR
 SUITE 3000
 DAVIE FL 33328
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0003494

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

**RODRIGUEZ, MIGUEL J. CPA
 4801 S UNIVERSITY DR
 SUITE 3000
 DAVIE FL 33328**

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, 2002 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
PTSD
 NAME **RODRIGUEZ, MIGUEL J**
 STREET ADDRESS **4801 S UNIVERSITY DR, SUITE 3000**
 CITY-ST-ZIP **DAVIE FL**

TITLE ☒ Change ☐ Addition
PD

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
VD
 NAME **KINZBRUNNER, DAVID**
 STREET ADDRESS **4801 S UNIVERSITY DR, SUITE 3000**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
TD
 NAME **CONIGLIO, JOHN A**
 STREET ADDRESS **4801 S UNIVERSITY DR, SUITE 3000**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
SD
 NAME **KINZBRUNNER, BLOOM, ZENA**
 STREET ADDRESS **4801 S UNIVERSITY DR, SUITE 3000**
 CITY-ST-ZIP **DAVIE FL 33328**

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

1/9/02
 Date

954-680-6114
 Daytime Phone #

CR2E034 (9/01)