

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44478**

1. Entity Name

SECRETARIAL SERVICE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90116 045 ****61.25

Principal Place of Business

11400 W. FLAGLER ST.
 STE 203
 MIAMI FL 33174
 US

Mailing Address

POST OFFICE BOX 831417
 MIAMI FL 33283-1417
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0275308

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

JIMENEZ, JOSEFA
 2711 SW 118 CT
 MIAMI FL 33175

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JIMENEZ, JOSEFA	
STREET ADDRESS	2711 SW 118 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, SIXTA	
STREET ADDRESS	2301 SW 127 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JIMENEZ, MARGARITA	
STREET ADDRESS	8561 SW 27TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	PENDAS, PAULA	
STREET ADDRESS	12341 SW 264 ST	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CRESPO, ANTONIO M	
STREET ADDRESS	2711 SW 118 CT	
CITY-ST-ZIP	MIAMI FL 33175	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Josefa Jimenez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr-14-200 305-551-1955

Date

Daytime Phone #

CR2E037 (9/99)