

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90190 003 ***150.00

DOCUMENT # F00000005213
 1. Entity Name
ADP TOTALSOURCE MI XXX, INC.

Principal Place of Business Mailing Address
10200 SUNSET DRIVE **10200 SUNSET DRIVE**
MIAMI FL 33173 **MIAMI FL 33173**

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 **38-3326137** 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
NATIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 | VS | <input type="checkbox"/> Delete |
| NAME | SINGER, ROBERT J | |
| STREET ADDRESS | ONE ADP BOULEVARD | |
| CITY-ST-ZIP | ROSELAND NJ 07068 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | BUSKO, GREGORY | |
| STREET ADDRESS | 5800 WINDWARD PARKWAY | |
| CITY-ST-ZIP | ALPHARETTA GA 30005 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | CUETO, WILLIAM | |
| STREET ADDRESS | 10200 SUNSET DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, CARLOS | |
| STREET ADDRESS | 10200 SUNSET DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | TCFO | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, SERGIO | |
| STREET ADDRESS | 10200 SUNSET DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| 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 | | |

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: *William Cueto* 1/14/2002 305-630-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOTES: AV

CR2E034 (9/01)