

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006659

1. Entity Name

EXCHANGE SOLUTIONS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90032 039 ***158.75

Principal Place of Business

Mailing Address

FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1150
MIAMI FL 33131

FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1150
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

95 MERRICK WAY

95 MERRICK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

SUITE 600

City & State

City & State

CORAL GABLES, FL.

CORAL GABLES, FL.

Zip

Country

Zip

Country

33134

USA

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961041

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

Jose Borda

JOSE BORDA

2-10-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HURST, GREG
17666 FITCH
IRVINE CA 92614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
CROW, SABRINIA
200 SOUTH BISCAYNE BLVD., SUITE 1150
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TREMBLAY, SUSAN
200 SOUTH BISCAYNE BLVD., SUITE 1150
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KUYKENDALL, DAVID L
17666 FITCH
IRVINE CA 92614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
BORDA, JOSE
200 SOUTH BISCAYNE BLVD., SUITE 1150
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
WHITTON, JEFFREY M
17666 FITCH
IRVINE CA 92614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Jose Borda

Date

Daytime Phone #

3-1-2000 (305) 702-5724

CR2F034 (9/99)