

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2002 90190 007 ***150.00

0273174 AV

DOCUMENT # H20755

1. Entity Name
ADP TOTALSOURCE SERVICES, INC.

Principal Place of Business 10200 SUNSET DR. MIAMI FL 33173 US	Mailing Address 10200 SUNSET DR. MIAMI FL 33173 US
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DO NOT WRITE IN THIS SPACE

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 59-2452825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARSTON, ELIZABETH J
 10200 SUNSET DR.
 MIAMI FL 33173**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE P	<input type="checkbox"/> Delete
NAME RODRIGUEZ, CARLOS A	
STREET ADDRESS 10200 SUNSET DR.	
CITY-ST-ZIP MIAMI FL 33173	
TITLE S	<input type="checkbox"/> Delete
NAME SINGER, ROBERT	
STREET ADDRESS ONE CDP BOULEVARD	
CITY-ST-ZIP ROSELAND NJ 07068	
TITLE CEO	<input type="checkbox"/> Delete
NAME FERNANDEZ, SERGIO	
STREET ADDRESS 10200 SUNSET DR.	
CITY-ST-ZIP MIAM FL 33173	
TITLE CFO	<input type="checkbox"/> Delete
NAME IERNANDEZ, SEREIO	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>Asst. Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>William Cueto</i>	
STREET ADDRESS <i>10200 sunset Drive</i>	
CITY-ST-ZIP <i>miami, FL 33173</i>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>One ADP Boulevard</i>	
CITY-ST-ZIP	
TITLE <i>CFO</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <i>Sergio Fernandez</i>	<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 #

CR2E034 (9/01)