

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010548

1. Entity Name

WILDCARD SYSTEMS LATIN AMERICA, LLC

09-29-2002 90003 037 ****50.00
L01000010548

02 DEC 26 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1601 SAWGRASS CORPORATE PKWY., STE. 300
SUNRISE FL 33323

Mailing Address

1601 SAWGRASS CORPORATE PKWY., STE. 300
SUNRISE FL 33323

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

65-1125625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUTTER, C. CHRISTIAN ESQ.
SEILER & SAUTER, ATTORNEYS
2900 EAST OAKLAND PARK BLVD, STE 200
FT LAUDERDALE FL 33308

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00
Make Check Payable to Department of State
Due By September 28, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
General Manager
GARY PALMER
1601 SAWGRASS CORP PKWY, STE 300
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Managing Member
ANGIE PORTLANDER
1601 SAWGRASS CORP PKWY, STE 300
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Managing Member
ALEJANDRO FERNANDEZ
1601 SAWGRASS CORP. PKWY, STE 200
SUNRISE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
MARIO MELLO
1004 NW 65TH AVE
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGING MEMBER
Tom McGuinness
1004 NW 65TH AVE
MIAMI, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/23/02 (954) 851-0700

Date

Daytime Phone #