

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90091 007 ****50.00

DOCUMENT # L01000010548

1. Entity Name

WILDCARD SYSTEMS LATIN AMERICA, LLC



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

☐ CHECK HERE IF MAKING CHANGES

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 33306**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PALMER, GARY
1601 SAWGRASS CORP. PKWY., STE 300
SUNRISE FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALEX FERNANDEZ
1601 SAWGRASS CORP. PKWY., Suite 300
SUNRISE FL 33323** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARK, LARRY
1601 SAWGRASS CORP. PKWY., STE 300
SUNRISE FL 33323** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOM MCGINNIS
1065 NW 65TH AVE.
MIAMI, FL 33126** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KORTLANDER, ANN
1601 SAWGRASS CORP. PKWY., STE 300
SUNRISE FL 33323** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MELLO, MARIO
1065 NW 65TH AVE.
MIAMI FL 33126** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANNE KORTLANDER
1601 SAWGRASS CORP PKWY., STE 300
SUNRISE FL 33323** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANCHEZ, VIVIAN
1095 NW 65TH AVE.
MIAMI FL 33126** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alex Fernandez
ALEX FERNANDEZ

1/15/03 954-851-0700

CR2E083 (10/02)