


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 003 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000013220			
1. Entity Name ADVANCED PAYCARD SYSTEMS, L.L.C.			
Principal Place of Business 7695 S.W. 104TH STREET MIAMI, FL 33156		Mailing Address 7695 S.W. 104TH STREET MIAMI, FL 33156	
2. Principal Place of Business 1031 Ives Dairy Rd Suite, Apt. #, etc.		3. Mailing Address 1031 Ives Dairy Rd Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33179		Zip 33179	
Country		Country	
4. FEI Number 48-126-2325		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent LITTMAN, ERIC P ESQ. 7695 S.W. 104TH STREET MIAMI, FL 33156		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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		DATE	
[Signature]		[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	MGR	TITLE	managing member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOROCKSIK, HEIDI V	NAME	STUART OSTROW
STREET ADDRESS	1101 VAN BUREN STREET	STREET ADDRESS	1031 Ives Dairy Rd
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Miami, FL 33179
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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]		Date: 4/4/03 (9:14) 937-9329	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CFR2003 (10/02)