

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90055 044 \*\*\*150.00

**DOCUMENT # L34542**

1. Entity Name  
**ADP TOTALSOURCE FL XVI, INC.**

Principal Place of Business <b>10200 SUNSET DR MIAMI FL 33173</b>	Mailing Address <b>2850 DOUGLAS ROAD CORAL GABLES FL 33134-6901</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>10200 Sunset Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>miami, FL</b>	4. FEI Number <b>65-0161093</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33173</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent <b>MARSTON, ELIZABETH J. 10200 SUNSET DR MIAMI FL 33173</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SANCHEZ, JOSE M 10200 SUNSET DR MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer + VP Gregory Cahill 10200 Sunset Drive Miami, FL 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO RODRIGUEZ, CARLOS A 10200 SUNSET DR MIAMI FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary + VP Robert J. Singer One ADP Boulevard Roseland, NJ 07068</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SALADRIGAS, CARLOS A 10200 SUNSET DR MIAMI FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary William Cueto 10200 Sunset Drive Miami, FL 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS PEREZ, MARTIN J 10200 SUNSET DR MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARLEN, JOHN T 10200 SUNSET DR MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MARSTON, ELIZABETH J. 10200 SUNSET DR MIAMI FL 33173</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **2-7-2000** Daytime Phone #: **305-630-1228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)