2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name

Secretary of State L34542 02-04-2003 90072 016 ***150 00 ADP TOTALSOURCE FL XVI, INC. Mailing Address Principal Place of Business DUNTITOR 10200 SUNSET DR 10200 SUNSET DR MIAMI FL 33173 MIAM! FL 33173 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0161093 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 Zip Code City FI 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME SINGER, ROBERT J NAME ONE ADP BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE AS **CUETO, WILLIAM** NAME STREET ADDRESS 10200 SUNSET DR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP Change ~ ~ - Addition-Delete = TITLE CF0 NAME SERGIO, FERNANDEZ NAME STREET ADDRESS STREET ADDRESS 10200 SUNSET DR CITY - ST-ZIP MIAMI FL 33173 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME RODRIGUEZ, CARLOS NAME STREET ADDRESS 10200 SUNSET DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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FILED

Feb 04, 2003 8:00 am