**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE:

## Feb 17, 2002 8:00 am Secretary of State **DOCUMENT #** 50235 1. Entity Name ADP TOTALSOURCE FL XXIX. INC. 02-17-2002 90097 010 \*\*\*150.00 Principal Place of Business Mailing Address 10200 SUNSET DRIVE 10200 SUNSET DRIVE MIAMI FL 33173 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 65-0172853 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSTON, ELIZABETH ESQ Street Address (P.O. Box Number is Not Acceptable) 10200 SUNSET DRIVE **MIAMI FL 33173** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition ☐ Delete Change NAME RODRIGUEZ, CARLOS NAME STREET ADDRESS 10200 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP **CFO** Delete TITLE ☐ Change ☐ Addition FERNANDEZ, SERGIO NAME STREET ADDRESS 10200 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SINGER, ROBERT NAME STREET ADDRESS ONE ADP BOULEVARD STREET ADDRESS CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-7IP TITLE A\$ ☐ Delete TITLE Change ☐ Addition **CUETO, WILLIAM** NAME NAME 10200 SUNSET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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