

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M19364

1. Entity Name

DEFAULT PROOF CREDIT CARD SYSTEM INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90197 006 ***150.00

Principal Place of Business 1545 MILLER RD CORAL GABLES FL 33146-2309 US	Mailing Address PO BOX 144010 CORAL GABLES FL 33114-4010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1545 Miller Road	3. Mailing Address 1545 Miller Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146	Country US
Zip 33146	Country US

4. FEI Number 59-2686523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUERVO, VINCENT 1545 MILLER RD CORAL GABLES FL 33146

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUERVO, VINCENT 1545 MILLER RD CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOSA, CIRO B. 112 CIBAO COURT CORAL GABLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLAGUNO, PEDRO P. 2050 CORAL WAY #303 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSS, DAVID J. 160 South Island Golden Beach, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer, D Cuervo, Vincent 1545 Miller Rd Coral Gables, FL 33146-2309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sosa, CIRO B. 112 Cibao Court Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLAGUNO, PEDRO. P. 2050 Coral Way, #404 Miami, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOSS, DAVID J. 160 South Island Golden Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: VINCENT CUERVO, CEO 1-25-00 (305) 666-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #