

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N44478

FILED
Mar 23, 2002 8:00 AM
Secretary of State

Entity Name: SECRETARIAL SERVICE, INC.

Current Principal Place of Business:

11400 W. FLAGLER ST.
STE 203
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 831417
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-0275308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, JOSEFA
2711 SW 118 CT
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JIMENEZ, JOSEFA
Address: 2711 SW 118 CT
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: HERNANDEZ, SIXTA
Address: 2301 SW 127 COURT
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: JIMENEZ, MARGARITA
Address: 8561 SW 27TH ST.
City-St-Zip: MIAMI, FL

Title: AVD () Delete
Name: PENDAS, PAULA
Address: 12341 SW 264 ST
City-St-Zip: MIAMI, FL 33032

Title: EVP () Delete
Name: CRESPO, ANTONIO M
Address: 2711 SW 118 CT
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEFA JIMENEZ

PD

03/23/2002

Electronic Signature of Signing Officer or Director

Date