

DOCUMENT # N95000001755

1. Entity Name

DADE COUNTY CERTIFIED PROCESS SERVERS ASSOCIATIO

FILED
May 01, 2000 8:00 am
Secretary of State

02-15-2000 90045 010 ****61.25

Principal Place of Business

Mailing Address

1001 N. AMERICAN WAY
107
MIAMI FL 33132
US1001 N. AMERICAN WAY
107
MIAMI FL 33132-2014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0588138

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, THOMAS C
1001 N. AMERICAN WAY
STE. #107
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME GAGLIANI, LAURENCE
STREET ADDRESS 1001 N AMERICAN WAY, #107
CITY-ST-ZIP MIAMI FL 33132TITLE D ☒ Delete
NAME LIOTTA, JOSEPH
STREET ADDRESS 1001 N AMERICAN WAY, #107
CITY-ST-ZIP N MIAMI BEACH FL 33132TITLE P ☒ Delete
NAME MARTIN, ROBERT
STREET ADDRESS 1001 N AMERICAN WAY, #107
CITY-ST-ZIP MIAMI FL 33155TITLE V ☐ Delete
NAME MANN, T.C.
STREET ADDRESS 1001 N AMERICAN WAY., #107
CITY-ST-ZIP MIAMI FL 33132TITLE D ☐ Delete
NAME ROSARIO, ADELAIDA
STREET ADDRESS 1001 N AMERICAN WAY, #107
CITY-ST-ZIP MIAMI FL 33132TITLE T ☐ Delete
NAME BOBEJ, STEVEN
STREET ADDRESS 1001 N AMERICAN WAY., #107
CITY-ST-ZIP MIAMI FL 33132

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PRESIDENT/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VICE-PRESIDENT/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)