

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2001 8:00 am
Secretary of State

05-10-2001 90115 020 ***150.00

DOCUMENT # P00000001606

1. Entity Name

MADISON ADMINISTRATIVE SERVICES CORP.

Principal Place of Business

Mailing Address

**4995 NW 72 AVE. SUITE 302
MIAMI FL 33166****4995 NW 72 AVE. SUITE 302
MIAMI FL 33166**

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

65-0971747

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

**TRESPALACIOS, JOSE R JR
1 GROVE ISLE DR APT 408
COCONUT GROVE FL 33133**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TRESPALACIOS, JOSE R J**
STREET ADDRESS **1 GROVE ISLE DR APT 408**
CITY- ST- ZIP **COCONUT GROVE FL 33133**TITLE **SD** ☐ Delete
NAME **REGO, AMALIA**
STREET ADDRESS **6373 SW 33RD STREET**
CITY- ST- ZIP **MIAMI FL 33155**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date**305 477-3765**
Daytime Phone #

CR2E034 (10/00)