

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006359

1. Entity Name

STATEWIDE BILLING SERVICES, INC.

Principal Place of Business

5425 SOUTHWEST 111TH AVENUE
MIAMI FL 33165

Mailing Address

5425 SOUTHWEST 111TH AVENUE
MIAMI FL 33165

2. Principal Place of Business

Jose M. Roig

Suite, Apt. #, etc.

11031 S.W. 51 Terr.

City & State

Miami, FL

Zip
33165

Country
US

3. Mailing Address

11031 S.W. 51 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33165

Country
US

4. FEI Number

65-0989439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROIG, JOSE M
% 1901 S.W. 1ST STREET
2ND FLOOR
MIAMI FL 33165

7. Name and Address of New Registered Agent

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

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
NAME ALFONSO, ARGELIO
STREET ADDRESS 5425 SOUTHWEST 111TH AVENUE
CITY-ST-ZIP MIAMI FL 33165

Delete ☒

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE... PD
NAME ROIG, JOSE M.
STREET ADDRESS 11031 S.W. 51 Terr.
CITY-ST-ZIP Miami, FL 33165

☐ Change ☐ Addition

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

Daytime Phone #

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90031 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)