

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000051102

1. Entity Name
INTERNATIONAL MERCHANT SERVICES OF BROWARD,
INC.



FILED

06 JAN 20 AM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1000 E ATLANTIC BLVD, STE 14
POMPANO BEACH, FL 33060

Mailing Address

1000 E ATLANTIC BLVD, STE 14
POMPANO BEACH, FL 33060

2. Principal Place of Business

3. Mailing Address

3209 Port St. Lucie Blvd S Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

REIN-P

CR2E098 (11/05)

4. FEI Number

65-1010037

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

AMPUERO, JOSE

1000 E ATLANTIC BLVD, STE 14
POMPANO BEACH, FL 33060

Name

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

3209 Port St. Lucie Blvd

Unit 107

Port St. Lucie

FL

Zip Code

34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01.17.06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME AMPUERO, JOSE A
STREET ADDRESS 1000 E. ATLANTIC BLVD., STE 14
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☒ Change ☐ Addition
NAME 3209 Port St. Lucie Blvd #107
STREET ADDRESS Port St. Lucie, FL 34953
CITY-ST-ZIP

TITLE UPD ☐ Delete
NAME AMPUERO, MARY E.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AMPUERO, MARY E.
STREET ADDRESS 3209 Port St. Lucie Blvd #107
CITY-ST-ZIP Port St. Lucie, FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500065112115
STREET ADDRESS 02/03/06--01004--022 ***300.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 #

01.17.06 772-871-5642