

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052915

1. Entity Name  
MERCHANT SERVICES OF FLORIDA, INC.

Principal Place of Business  
600 BRICKELL AVE., SUITE 301-L  
MIAMI FL 33131

Mailing Address  
600 BRICKELL AVE., SUITE 301-L  
MIAMI FL 33131

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

65-1031231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEVES, MIGUEL A  
1000 NW N. RIVER DR., APT. 103  
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name: Nieves, Miguel A.  
Street Address (P.O. Box Number is not Acceptable): 1111 Birchell Bay Dr.  
City: Ste. 2904  
City: Miami FL Zip Code: 33131

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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: PDT  
NAME: NIEVES, MIGUEL A  
STREET ADDRESS: 1000 NW N. RIVER DR., APT. 103  
CITY-ST-ZIP: MIAMI FL 33136 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PDT  
NAME: Nieves, Miguel A ☒ Change ☐ Addition  
STREET ADDRESS: 1111 Birchell Bay Dr Ste 2904  
CITY-ST-ZIP: Miami, FL 33131

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:

MIGUEL A. NIEVES, President

Date

Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

07-02-2001 90165 011 \*\*\*150.00  
09-10-2001 90045 013 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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