

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-10-2001 90118 022 ***150.00

DOCUMENT # P00000058224

1. Entity Name

EXPERT PROCESSING SERVICES INC.

Principal Place of Business

**1450 MADRUGA AVE., STE. 305
CORAL GABLES FL 33146**

Mailing Address

**1450 MADRUGA AVE., STE. 305
CORAL GABLES FL 33146**

2. Principal Place of Business

13602 S.W. 99 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

13602 S.W. 99 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1019090

Applied For

Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HABER, DENNIS R ESQ.
1450 MADRUGA AVE., STE. 305
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

Ada Rodriguez

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

13602 S.W. 99 TERRACE

City

MIAMI

FL

Zip Code

33186

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

Ada Rodriguez **PRESIDENT****4/20/01**

Signature, typed or printed name of registered agent and date 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PD			
	RODRIGUEZ, ADA			
	1450 MADRUGA AVE., STE. 305			
	CORAL GABLES FL 33146			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PRESIDENT				
	Ada Rodriguez				
	13602 S.W. 99 TERRACE				
	MIAMI, FL 33186				

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Ada Rodriguez **ADA Rodriguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

(305) 380-8208

Daytime Phone #

CR2034 (10/00)