

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 032 ***150.00

DOCUMENT # P00000058224

1. Entity Name

EXPERT PROCESSING SERVICES INC.

(P)

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 SW 99 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

13602 SW 99 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI, FL

Zip

33186

Country

DADE

Zip

33186

Country

DADE

4. FEI Number

651019090

Applied For

Not Applicable

5. 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

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** ☒ Delete
 NAME **RODRIGUEZ, ADA**
 STREET ADDRESS **1450 MADRUGA AVE., STE. 305**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **Ada Rodriguez**
 STREET ADDRESS **13602 S.W. 99 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33186**

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

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TITLE ☐ Change ☐ Addition
 NAME
 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:

Ada Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-02

Date

(305) 322-3019

Daytime Phone #

2901 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000058224**

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CORAL GABLES FL 33148**

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1450 MADRUGA AVE., STE. 305
CORAL GABLES FL 33148**

7. Name and Address of New Registered Agent

Name

ADA RODRIGUEZ

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

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City

MIAMI**FL**

Zip Code

33186

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SIGNATURE

Ada Rodriguez

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DATE

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(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
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TITLE
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CITY-ST-ZIP
**PD
RODRIGUEZ, ADA
1450 MADRUGA AVE., STE. 305
CORAL GABLES FL 33148**☒ DeleteTITLE
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CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
**PRESIDENT
ADA RODRIGUEZ
13602 S.W. 99 TERRACE
MIAMI, FL 33186**☒ Change☐ AdditionTITLE
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CITY-ST-ZIP☐ Change☐ AdditionTITLE
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)(f), 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****4-5-01****(305) 310-1208
323-3019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year Phone #

CR2034 (10/00)

Expert Processing Services Inc.

**13602 S. W. 99 Terace
Miami, FL 33186
(305) 322-3019 - Fax (305) 386-5555**

Attachment

Document #

*P0000058224
118469*

June 19, 2002

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Reference Number P00000058224
EXPERT PROCESSING SERVICES, INC.

Gentlemen:

I am attaching herewith my Check Number 1409 in the amount of \$150.00 for the annual Corporation Fee.

Note I have not received any correspondence from you regarding my annual fees. I am attaching herewith the 2001 Application submitted which requested a new Registered Agent. To date, I have not received any correspondence from you.

Please accept the attached as my Renewal Fees for 2002, and make the change to send all correspondence to the above address.

Sincerely yours,

EXPERT PROCESSING SERVICES, INC.

Ada Rodriguez

Ada Rodriguez
President