2003 FOR PROFIT CORPORATION

3. Mailing Addre

Zip

UNIFORM BUSINESS REPORT (UBR) P00000084459

1. Entity Name

SUITE B3

DOCUMENT #

Principal Place of Business

1801 W. ATLANTIC AVENUE

DELRAY BEACH FL 33444

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

ISO MERCHANT SERVICES, INC.



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90064 015 ***150 00

	03-27-2003 30004 0.	15 15
Mailing Address 1801 W. ATLANTIC AVENUE SUITE B3 DELRAY BEACH FL 33444		Isi a ion ataa
3. Mailing Address		
Suite, Apt. #, etc.	 ☐ CHECK HERE IF MAKING	CHANGES
City & State	 4. FEI Number 65-1038283	Ap

5. Certificate of Status Desired

Trust Fund Contribution.

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WERTHEIM, JAY B Street Address (P.O. Box Number is Not Acceptable) 1801 W. ATLANTIC AVENUE SUITE B3 **DELRAY BEACH FL 33444** City Zip Code

Country

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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

Country

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

DATE

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE TITLE Delete WERTHEIM, JAY B NAME NAME STREET ADDRESS 14401 S. MILITARY TRAIL, APT. C-107 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME LOEWENSTEIN. HARVEY NAME STREET ADDRESS 22461 ARCADIA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Delete --TITLE -----Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address.