

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000087105**

1. Entity Name

RECORDS DEPOSITION SERVICES, INC.**FILED**
Jun 20, 2001 8:00 am
Secretary of State

04-23-2001 90099 043 ***150.00

Principal Place of Business
1126 S. FEDERAL HIGHWAY
SUITE 332
FT. LAUDERDALE FL 33316

Mailing Address
1126 S. FEDERAL HIGHWAY
SUITE 332
FT. LAUDERDALE FL 33316

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

65-1042309

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

VIGGIANI, JOHN
540 N.E. 4TH STREET
FT. LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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 reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	D RICGE, M D 1126 S. FEDERAL HIGHWAY FT. LAUDERDALE FL 33316	<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
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 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-01

954-597-
0210

CR2E034 (10/00)

Attachment
8152

HP00000087105

Records Deposition Services, Inc.
1126 S. Federal Highway, Ste 332
Ft. Lauderdale, FL 33316
June 15, 2001

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

Re: 2001 Annual Report

Dear Sir or Madam:

I am in receipt of your letter dated April 24, 2001, bringing to my attention the deficiency in providing the Federal Employer Identification Number. As I do apologize for this over site I was taken back by the fact that your letter claimed if a response was not received within thirty (30) days a \$400.00 Late Fee would be assessed.

Please note that in having received your letter only 3 days ago protest any late fee being assessed against the corporation.

Please let me know how I can appeal the late fee assessment.



M. D.

/mdr

ANALAL Ltr.sgd