

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114157

1. Entity Name

COMMUNICATIONS PROVIDER SERVICES, INC.

Principal Place of Business

4420 NE 20 AVE. STE F
FT LAUDERDALE FL 33308

Mailing Address

4420 NE 20 AVE. STE F
FT LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

UCC-FILING & SEARCH SERVICES, INC.
526 E PARK AVE
TALLAHASSEE-FL 32301

7. Name and Address of New Registered Agent

Name
James N. Bradford, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2100 W 76th Street

Suite 211

City Hialeah

FL

Zip Code
33016

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 D ☐ Delete
NAME SANDERS, CAROLYN
STREET ADDRESS 1810 SW 6 AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ Delete
NAME SANDERS, ARTHUR
STREET ADDRESS 1810 SW 6 AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ Delete
NAME SANDERS, ROYDEN
STREET ADDRESS 7681 ROMANA ST
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-10-2001 90143 016 ***150.00

000048635



DO NOT WRITE IN THIS SPACE

0006719

CR2E034 (10/00)