

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91352 038 ***150.00

DOCUMENT # P000Q0114157

1. Entity Name
COMMUNICATIONS PROVIDER SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4420 NE 20 AVE

Suite, Apt. #, etc.

STE F

3. Mailing Address

4420 NE 20 AVE

Suite, Apt. #, etc.

STE F

City & State

FT LAUDERDALE, FL

City & State

FT. LAUDERDALE

4. FEI Number

65-1102423

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRADFORD, JAMES N. JR.

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

2100 WEST 76th STREET

STE 211

City

HIALEAH

FL

Zip Code
33016

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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

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

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034B (12/01)