

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90008 028 ***150.00

DOCUMENT # P01000001710

1. Entity Name
NATIONWIDE PAYMENT SYSTEMS INC.

Principal Place of Business 6250 NORTH ANDREWS AVE SUITE 230 FT LAUDERDALE FL 33160	Mailing Address 6250 NORTH ANDREWS AVE SUITE 230 FT LAUDERDALE FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>6250 North Andrews Ave</i>	3. Mailing Address <i>6250 North Andrews Ave</i>
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Suite, Apt. #, etc. <i>Ste # 230</i>	Suite, Apt. #, etc. <i>Ste # 230</i>
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City & State <i>Ft. Lauderdale FL</i>	City & State <i>Ft. Lauderdale FL</i>
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4. FEI Number <i>651067143</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip <i>33309</i>	Country <i>USA</i>	Zip <i>33309</i>	Country <i>USA</i>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, BRUCE
9200 SOUTH DADELAND BLVD SUITE 612
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, BRUCE 9200 SOUTH DADELAND BLVD SUITE 515 MAIMI FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D DAVID BURNEY 6250 N. Andrews Ave Ste #230 Fort Lauderdale FL 33309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Allen Kopelman 6250 N. Andrews Ave Ste #230 Fort Lauderdale FL 33309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Burney* President *David Burney* *1/29/02* *954-274-2265*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03113024 44

CP2E034 (9/01)