

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90053 046 ***158.75

DOCUMENT # *P01000103445*

1. Entity Name

ASAP PROCESS SERVERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7311 SW 8TH CT

Suite, Apt. #, etc.

3. Mailing Address

273 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH LAUDERDALE, FL

City & State

MARGATE, FL

4. FEI Number

65-1151482

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CONSUELO MALDONADO

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

7311 SW 8TH CT

City

NORTH LAUDERDALE

FL

Zip Code

33068

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

C. Maldonado

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT
CONSUELO MALDONADO
7311 SW 8TH CT
NORTH LAUDERDALE FL 33068*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

C. Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

305 469-0518

CR2E034B (12/01)