

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

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000049346
1. Entity Name Billing & Management Solutions Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9056 Emerson Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Surfside, FL	City & State
Zip 33154	Country

4. FEI Number 03-0435147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Alyson Carmony	
Street Address (P.O. Box Number is Not Acceptable) 9056 Emerson Avenue	
City Surfside	Zip Code 33154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CEO	NAME Hymie Lazega
STREET ADDRESS 9056 Emerson Avenue	CITY-ST-ZIP Surfside, FL 33154

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000270897 03/21/05-80027-005 150.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hymie Lazega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hymie Lazega, CEO

2/10/2005
Date

(305) 953-8828
Daytime Phone #