

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90102 020 ***150.00

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02000049346*

1. Entity Name

Billing & Management Solutions Inc.

Principal Place of Business

9056 Emerson Avenue

Mailing Address

Surfside, FL
33154

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0435147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alison Carmony
9056 Emerson Avenue
Miami, FL 33154

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, fee will be \$550.00

Make check payable to Department of State

- Mail to : Division of Corporations

Uniform Business Report Filings

P. O. Box 1500, Tallahassee, FL 32302-1500

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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Alison Carmony
9056 Emerson Avenue
Surfside, FL 33154 ☐ Delete

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9056 Emerson Avenue
SURfside, FL 33154 ☐ Delete

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hymie Lazega, Vice President

4/4/2003

(305) 865-7246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)