

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90126 035 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000061033**

1. Entity Name

**DTRAN PAYMENT SYSTEMS, INC.**



Principal Place of Business

**701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131**

**55041187**



2. Principal Place of Business

**One Southeast Third Ave.  
Suite, Apt. #, etc.  
Suite 2800**

3. Mailing Address

**One Southeast Third Ave.  
Suite, Apt. #, etc.  
Suite 2800**

☐ CHECK HERE IF MAKING CHANGES

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**30-0084750**

Applied For

☐ Not Applicable

Zip

**33131**

Country

Zip

**33131**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**American Information Services, Inc.**

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

**One Southeast Third Avenue, 28th Floor**

City

**Miami**

FL

Zip Code

**33131**

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.

**American Information Services, Inc.**

SIGNATURE

*Nery C. Toledo*  
Signature, typed or printed name of registered agent and title if applicable.

**Nery C. Toledo, Asst. Sec.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>MICHAEL PARDES</b>
CITY-ST-ZIP	<b>855 SW 78th Avenue Plantation, FL 33324</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Joseph Liebowitz</b>
CITY-ST-ZIP	<b>855 SW 78th Avenue Plantation, FL 33324</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Howard Markowitz</b>
CITY-ST-ZIP	<b>855 SW 78th Avenue Plantation, FL 33324</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Sarah Liebowitz</b>
CITY-ST-ZIP	<b>855 SW 78th Avenue Plantation, FL 33324</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Nelson Braff</b>
CITY-ST-ZIP	<b>855 SW 78th Avenue Plantation, FL 33324</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

*Michael Parades*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #