

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 033 ***150.00

0326967 AV

DOCUMENT # P02000064107

1. Entity Name

PAYSYSTEMS, INC.



Principal Place of Business

~~200 S.E. SIXTH STREET~~
~~SUITE 600~~
~~FORT LAUDERDALE FL 33301~~

Mailing Address

~~200 S.E. SIXTH STREET~~
~~SUITE 600~~
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

3333 N UNIVERSITY DR

3. Mailing Address

3333 N UNIVERSITY DR

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

DAVIE

City & State

DAVIE

Zip

3302Y

Country

BROWARD

Zip

3302Y

Country

BROWARD

4. FEI Number

04-3681415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WEINER, RICHARD M ESQ.
200 S.E. SIXTH STREET
SUITE 100E
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name VENTIERA, JOHN
Street Address (P.O. Box Number is Not Acceptable)
333 N UNIVERSITY DR
City DAVIE FL Zip Code 3302Y

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

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	DP	<input type="checkbox"/> Delete
NAME	MITCHELL, DOUGLAS L	
STREET ADDRESS	200 S.E. SIXTH STREET SUITE 603	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VENTIERA, JOHN	
STREET ADDRESS	200 S.E. SIXTH STREET SUITE 603	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, DOUG	
STREET ADDRESS	3333 N UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 3302Y	
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTIERA, JOHN	
STREET ADDRESS	3333 N UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 3302Y	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTCHER, IRA	
STREET ADDRESS	3333 UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 3302Y	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

954 495 4440

Date

Daytime Phone

CR2E034 (10/02)