

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90962 028 ***150.00

DOCUMENT # P02000065690

1. Entity Name
TOTAL SERVICE SYSTEM CORPORATION



Principal Place of Business
2340 SW 89TH PL
MIAMI FL 33144

Mailing Address
2340 SW 89TH PL
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
04-3682935

Applied For
Not Applicable

Zip
33174

Country

Zip
33122

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHA, LUIS E
2340 SW 89TH PL
MIAMI FL 33144

Name
ROCHA LUIS E.

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

449 SW 102ND AVE

City **MIAMI** **FL** **Zip Code** **33174**

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

04/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **ROCLA, LUIS E**
STREET ADDRESS **2340 SW 89TH PL**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☒ **Change** ☐ **Addition**
NAME **ROCHA LUIS E.**
STREET ADDRESS **449 SW 102ND AVE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/24/03 (305) 755308

CR2E034 (10/02)