

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
449 SW 102nd Ave

3. Mailing Address
PO Box 226533

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33174

Country

Zip
33122

Country

4. FEI Number
04-3682935

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

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

7. Name and Address of New Registered Agent

Name
ROCHA LUIS E.

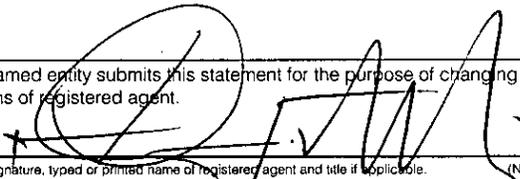
Street Address (P.O. Box Number is Not Acceptable)
449 SW 102nd AVE

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  (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

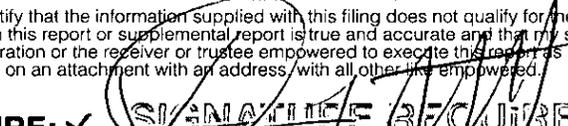
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PD - ROCLA, LUIS E	2340 SW 89TH PL	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ROCHA LUIS E.	449 SW 102nd AVE	MIAMI FL 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

SIGNATURE:  SIGNATURE REQUIRED

DATE **04/24/03** (305) 455-3028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)