

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90066 037 ***150.00

DOCUMENT # P93000020419

1. Entity Name

ADP TOTALSOURCE FL XVIII, INC.

Principal Place of Business

10200 SUNSET DR.
 MIAMI FL 33173
 US

Mailing Address

10200 SUNSET DR.
 MIAMI FL 33173-3033
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0399700

Applied For

Not Applicable

Zip

Country

Zip

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

MARSTON, ELIZABETH J S
10200 SUNSET DR.
MIAMI FL 33173

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SALADRIGAS, CARLOS	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, JOSE M	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS A	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, MARTIN J	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSTON, ELIZABETH J	
STREET ADDRESS	10200 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY CAHILL	
STREET ADDRESS	10200 SUNSET Drive	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	President + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY + VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT J. SINGER	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY-ST-ZIP	ROSELAND, NJ 07068	
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Curto	
STREET ADDRESS	10200 SUNSET Drive	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY BUSKO	
STREET ADDRESS	3800 WINDWARD PKWY.	
CITY-ST-ZIP	ALPHARETTA, GA 30003	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000
 Date

305-630-1242
 Daytime Phone #