

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90087 049 ***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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0399700**

Applied For

Not Applicable

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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** Delete
 NAME: **SALADRIGAS, CARLOS**
 STREET ADDRESS: **10200 SUNSET DR.**
 CITY-ST-ZIP: **MIAMI FL 33173**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **CFO** Delete
 NAME: **CAMILL, GREGORY**
 STREET ADDRESS: **10200 SUNSET DR.**
 CITY-ST-ZIP: **MIAMI FL 33173**

TITLE: **CFO** Change Addition
 NAME: **Sergio Fernandez**
 STREET ADDRESS: **10200 Sunset Drive**
 CITY-ST-ZIP: **Miami FL 33173**

TITLE: **PCCO** Delete
 NAME: **RODRIGUEZ, CARLOS A**
 STREET ADDRESS: **10200 SUNSET DR.**
 CITY-ST-ZIP: **MIAMI FL 33173**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SVP** Delete
 NAME: **SINGER, ROBERT J**
 STREET ADDRESS: **ONE ADP BLVD**
 CITY-ST-ZIP: **ROSELAND NJ 07068**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **AS** Delete
 NAME: **CURTO, WILLIAM**
 STREET ADDRESS: **10200 SUNSET DR.**
 CITY-ST-ZIP: **MIAMI FL 33173**

TITLE: _____ Change Addition
 NAME: **William Cueto**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **AS** Delete
 NAME: **BUSKO, GREGORY**
 STREET ADDRESS: **5800 WINDWARD PKWY**
 CITY-ST-ZIP: **ALPHARETTA GA 30003**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Cueto 1/17/2001 305-630-1000

Date

Daytime Phone #

CR2E034 (10/00)