


FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000038052 (5) 1. Corporation Name UNLIMITED ELECTRONIC BILLING SERVICES, INC.			
Principal Place of Business		Mailing Address	
4381 WEST 16TH AVENUE HALEAH FL 33012		4381 N 16TH AVE HALEAH FL 33012-7628 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
25. Country		30. Country	
9. Name and Address of Current Registered Agent			
WE MEAN BUSINESS INC 9999 SUNSET DRIVE #202 MIAMI FL 33173			81. Name 82. Street Address 83. 84. City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	D RODRIGUEZ, OSCAR A 4381 WEST 18TH AVE. HALEAH FL 33012	<input type="checkbox"/> DELETE	
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13.		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, changed, or on an attachment with an address.			
SIGNATURE: _____		RECEIVED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



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