

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90197 044 ***150.00

DOCUMENT # P93000038185

1. Entity Name
BUSINESS TECHNOLOGY SERVICES, INC.



Principal Place of Business
**444 BRICKELL AVENUE
SUITE 250
MIAMI FL 33131**

Mailing Address
**444 BRICKELL AVENUE
SUITE 250
MIAMI FL 33131**

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 **65-0423383**

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

**DE LA PENA & BAJANDAS, UP
601 BRICKELL WAY DR
STE 705
MIAMI FL 33131**

Name **De la Peña + Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **601 Brickell Key Drive, Suite 705**
City **Miami** FL Zip Code **33131**

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]* **- Leoncio de la Peña, Pres.** DATE **3/26/03**

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 **AS** ☒ Delete
NAME **DE LA PENA, LEONCIO E**
STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE 705**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **AST** ☒ Change ☐ Addition
NAME **Leoncio de la Peña**
STREET ADDRESS **601 Brickell Key Drive, Suite 705**
CITY-ST-ZIP **Miami, FL, 33131**

TITLE **PD** ☐ Delete
NAME **OLLOQUI, RAFAEL D**
STREET ADDRESS **905 SOUTH BAYSHORE DRIVE #1827**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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]* **SIGNATURE REQUIRED** **3/26/03** **305-377-0909**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)