

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 035 ***550.00

0248196

DOCUMENT # P93000075142

1. Corporation Name

UNIVERSAL MERCHANT SERVICES CORPORATION

Principal Place of Business

10500 NW 26 STREET
A-101
MIAMI FL 33172
US

Mailing Address

10500 NW 26 STREET
A-101
MIRAMAR FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1993

4. FEI Number

65-0445009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

4 Zip Country

25

2a. Mailing Address

26 10500 NW 26 Street

27 Suite, Apt. #, etc.

27 A-101

28 City & State

28 Miami, FL

29 Zip Country

29 33172 30 US

9. Name and Address of Current Registered Agent

FERDIE, AINSLEE
717 PONCE DE LEON BLVD
#215
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
VASQUEZ, VICTOR
STREET ADDRESS
10500 NW 26 STREET, A-101
CITY-ST-ZIP
MIAMI FL 33172

12.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

4. 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 annual report or supplemental annual 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 12 or Block 13 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

6/30/99

305-594-1101

Date

Daytime Phone #

CR2E034 (11/98)