

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90202 017 ***150.00

DOCUMENT # P94000075057

1. Entity Name
NATIONAL PROCESSING CENTER, INC.

Principal Place of Business
1108 E. NEWPORT CENTER DR
~~SUITE 200~~
DEERFIELD BEACH FL 33442
US

Mailing Address
1108 E. NEWPORT CENTER DR
~~SUITE 200~~
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NO SUITE #

Suite, Apt. #, etc.

NO SUITE #

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0527100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES J ESO
9600 N.W. 38TH STREET
SUITE 200
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

3421 WOODSIDE DRIVE

City

FT. LAUDERDALE

FL

Zip Code

33312

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, 2002 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SMITH, ANDREW	
STREET ADDRESS	3900 W COMM BLVD STE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENELLA, FRANK	
STREET ADDRESS	3900 WEST COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYN, JAMIE	
STREET ADDRESS	3900 W COMM BLVD STE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Andrew	
STREET ADDRESS	1108 E. NEWPORT CENTER DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Menella, Frank	
STREET ADDRESS	1108 E. NEWPORT CENTER DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lyn, Jamie	
STREET ADDRESS	1108 E. NEWPORT CENTER DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Andrew Smith **4-15-02** **954-596-4880**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)