2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90001 030 ***150.00

DOCUMENT # P94000089631

Entity Name

U.S.A. MERCHANT SERVICES, INC.

Principal Place of Business	Mailing Address
6595 NW 36th ST. APT 303 Miami FL 33166	6595 NW 36th ST. APT 303 Miami FL 33166

L00096051

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**

~~Saez, Aldo~~
3200 COLLINS AVE ~~SUITE 320~~
MIAMI BEACH FL 33140

7. **Name and Address of New Registered Agent**

Name Saez, Aldo
Street Address (P.O. Box Number is Not Acceptable)
3200 COLLINS AVE SUITE 96
City MIAMI BEACH FL Zip Code 33140

8. The above named entity submits this statement for the purpose of ch[...] registered agent, or both, in the State of Florida.

SIGNATURE [signature] 4/17/00
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDV SAEZ, ALDO 3200 COLLINS ~~AVE SUITE 320~~ MIAMI BEACH FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDV SAEZ, ALDO 3200 COLLINS AVE SUITE 96 MIAMI BEACH FL 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAEZ, CONSUELO 3200 COLLINS AVE. MIAMI BEACH FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAEZ, CONSUELO 3200 COLLINS AVE SUITE 96 MIAMI BEACH FL 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does n[...] 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 ac[...] 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 t[...] 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 [...]owered.

SIGNATURE: [signature] ALDO SAEZ (PRES) 4/17/00 305-871-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #