

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Jul 16, 2002 8:00 am  
Secretary of State

07-16-2002 90361 042 \*\*\*150.00

DOCUMENT # P94000089631

1. Entity Name

U.S.A. MERCHANT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6555 NW 36 ST. STE #118  
Suite, Apt. #, etc.

3. Mailing Address

6555 NW 36 ST. STE #118  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0539437

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ALDO SAEZ

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

6555 NW 36 ST. STE #118

City

MIAMI FL

FL

Zip Code

33166

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT/DIRECTOR/VICE PRESIDENT  
ALDO SAEZ  
6555 NW 36 ST. STE #118  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY  
CONSUELO SAEZ  
6555 NW 36 ST. STE #118  
MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALDO SAEZ

Date

305-871-2223

Daytime Phone #



# Accounting & Bookkeeping Service, Inc.

16300 NE 19th Ave #231  
North Miami Beach, FL 33162  
(305) 945-7892 Fax (305) 945-7675

Date: June 12, 2002

To: Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Attachment  
121058

From: Mark Fernandes  
Accounting & Bookkeeping Services, Inc.  
16300 NE 19<sup>th</sup> Ave Suite # 231  
North Miami Beach, FL 33162

CC: Aldo Saez, President  
U.S.A. Merchant Services, Inc.

RE: Resubmission of 2002 Uniform Business Report (UBR) for U.S.A. Merchant  
Services, Inc. Document # P94000089631

Dear Sir or Madam:

We recently received a 2002 Uniform Business Report (UBR) with a filing fee of \$550.00. On April 30, 2002 we mailed the requested 2002 Uniform Business Report (UBR) to the Department of State along with check # 6023 dated 4/30/02 for \$ 150.00 by certified mail (see attached).

Although, we had previously mailed the UBR in a timely manner, we are re-submitting the 2002 Uniform Business Report with a replacement check # 6324 dated 6/12/02. In addition, we are issuing a stop payment for check # 6023 dated 4/30/02 for the amount of \$ 150.00. If you have any questions please call me at 305-945-7892.

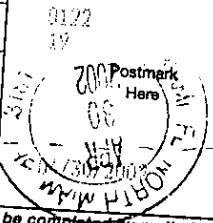
Thank you for prompt response,

Mark Fernandes  
Accounting & Bookkeeping Services, Inc.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

TALLAHASSEE FL 32302

Postage	\$ 06.36
Certified Fee	\$2.10
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.46



Recipient's Name (Please Print Clearly) (To be completed by mailer)  
Div. of Corp. UBR Filings  
Street, Apt. No., or PO Box No.  
P.O. Box 1500  
City, State, ZIP+4  
Tallahassee FL 32302-1500  
PS Form 3800, February 2000 See Reverse for Instructions

Attachment  
P400008963/  
121058

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2000 0520 0016 7322 0083  
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