

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90075 019 \*\*\*150.00

DOCUMENT # P95000044688

1. Entity Name

MERCHANT PAYMENT SOURCE INC.

Principal Place of Business

10300 SUNSET DRIVE  
470G  
MIAMI FL 33173  
US

Mailing Address

10300 SUNSET DRIVE  
470G  
MIAMI FL 33173  
US

2. Principal Place of Business

13323 SW 135 Ave.

3. Mailing Address

13323 SW 135 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

Zip

Country

331

USA

Zip

Country

33186

USA

6. Name and Address of Current Registered Agent

MARTINEZ, ROSALBA  
10300 SUNSET DRIVE  
STE 470-F  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name  
MARTINEZ, ROSALBA  
Street Address (P.O. Box Number is Not Acceptable)  
13323 SW 135 Ave  
City  
Miami FL 33186  
Zip Code

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

1/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

X

**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	PSTD	<input type="checkbox"/> Delete
NAME	MARTINEZ, ROSALBA	
STREET ADDRESS	10300 SUNSET DR STE 470F	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, WILLIAM	
STREET ADDRESS	10300 SUNSET DR STE 470F	
CITY-ST-ZIP	MIAMI FL 33173	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ROSALBA	
STREET ADDRESS	13323 SW 135 Ave	
CITY-ST-ZIP	Miami, Florida 33	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, WILLIAM	
STREET ADDRESS	13323 SW 135 Ave	
CITY-ST-ZIP	Miami, Florida 33	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM MARTINEZ 1/11/02

305-270-9664

CR2E034 (9/01)