

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90322 039 \*\*\*150.00

**DOCUMENT # P95000050503**

1. Entity Name

**PROCESSING SOLUTIONS INCORPORATED**

Principal Place of Business

Mailing Address

~~9380 SUNSET DR~~~~9380 SUNSET DR~~~~B-140~~~~B-140~~~~MIAMI FL 33173~~~~MIAMI FL 33173~~~~US~~~~US~~

2. Principal Place of Business

**13025 SW 112 CT**

3. Mailing Address

**P.O. BOX 163705**

Suite, Apt. #, etc.

**#100**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

Zip

**33176**

Country

**code (US)**

Zip

**33116-3705**

Country

**code (US)**4. FEI Number **65-0595248**

Applied For

Not Applicable

Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

**P.O. BOX 163705**

City

**MIAMI, FL**

FL

Zip Code

**33116-3705**

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 (use if applicable)

**MARILYN SUAREZ****3/28/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐**RULE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ, MARILYN</b>	
STREET ADDRESS	<del>9380 SUNSET DR STE B-140</del>	
CITY-ST-ZIP	<del>MIAMI FL 33173</del>	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>P.O. BOX 163705</b>
CITY-ST-ZIP	<b>MIAMI, FL 33116-3705</b>
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

**3/28/01**

Date

**305 271-9646**

Daytime Phone #

CR2E034 (10/00)