

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90176 011 ***150.00

DOCUMENT # P95000060694

1. Entity Name
F.C.S. SERVICE, INC.

Principal Place of Business

**8070 NW 53RD STREET
 STE 105
 MIAMI FL 33166**

Mailing Address

**8070 NW 53RD STREET
 STE 105
 MIAMI FL 33166**

2. Principal Place of Business

8070 N.W. 53rd Street

Suite, Apt. #, etc.
Ste 105

City & State
Miami, Florida

Zip
33166

Country
U.S.A.

3. Mailing Address

8070 N.W. 53rd Street

Suite, Apt. #, etc.
STE 105

City & State
Miami, Florida

Zip
33166

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0603763**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YEAMPIERRE, JOSEPH
 9741 SW 124TH CT
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name
Joseph Yeampierre
 Street Address (P.O. Box Number is Not Acceptable)
9741 S.W. 124th Ct.

City **Miami,** **FL** Zip Code **33186**

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 **04/22/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 **PD** ☐ Delete
 NAME **YEAMPIERRE, JOSEPH**
 STREET ADDRESS **9741 SW 124TH COURT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☐ Delete
 NAME **MENESES, VIVIAN**
 STREET ADDRESS **9741 SW 124TH COURT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02

Date Daytime Phone #

CR2E034 (9/01)