

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90992 028 ***150.00

DOCUMENT # **A950000 72 742**

1. Entity Name

PROFESSIONAL PROCESSING SERVICE, INC.

Principal Place of Business

**5901 N.W. 151ST
 218
 MIAMI LAKES, FL 33016**

Mailing Address

**8330 Menteith T.
 Miami Lakes, FL
 33016**

60039068

2. Principal Place of Business

3. Mailing Address

8330 Menteith Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

4. FEI Number

65-0612632

Applied For

Not Applicable

Zip

Country

33016

Country

USA

5. 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

**SPANO, ROBERT R.
 8330 MENTEITH TER
 MIAMI LAKES, FL 33016**

Name

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

City

FL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE 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	P	<input type="checkbox"/> Delete
NAME	SPANO, ROBERT R	
STREET ADDRESS	8330 MENTEITH TER	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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

Robert R. Spano
Robert R. Spano

Date

4/15/2001

Daytime Phone #

305 823-8901

CR2E034 (11/00)