

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 008 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 95000072742**
1. Entity Name
PROFESSIONAL PROCESSING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

643244

2. Principal Place of Business
5901 N.W. 151ST
Suite, Apt. #, etc.
202

3. Mailing Address
8330 MENTEITH TER
Suite, Apt. #, etc.
-

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL
Zip
33014 Country
USA

City & State
MIAMI LAKES, FL
Zip
33016 Country
USA

4. FEI Number
65-0612632
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT R. SPANO
Street Address (P.O. Box Number is Not Acceptable)
8330 MENTEITH TER
MIAMI LAKES
City
FL Zip Code
33016

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 \$550.00

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

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2002
Date

**305
231-7737**
Daytime Phone #

CR2E034B (12/01)