

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 044 ***150.00

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

DOCUMENT # **P95000072742**
1. Entity Name
PROFESSIONAL PROCESSING SERVICE INC.



90105955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5901 N.W. 151 ST Suite, Apt. #, etc. 202	3. Mailing Address 8330 MENTEITH TER Suite, Apt. #, etc.
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014	Country USA
Zip 33016	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0612632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
City MIAMI LAKES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT R. SPANO 8330 MENTEITH TER MIAMI LAKES, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE **Robert R. Spano** Robert R. Spano Date **4/21/2003** 305 2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)