

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029202

1. Entity Name

ADDUCE PROCESS SERVICES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90013 047 ***150.00

Principal Place of Business

2000 NE 62 STREET
FORT LAUDERDALE FL 33308

Mailing Address

PO BOX 24408
FT LAUDERDALE FL 33307-4408

2. Principal Place of Business

5703 N. Andrews Way
Suite, Apt. #, etc.
#200

3. Mailing Address

P.O. Box 24408
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip
33309

Country
Broward

Zip
33307-4408

Country
Broward

4. FEI Number

65-0737377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLANCO, ROBERT D
2000 NE 62 STREET
FT LAUDERDALE FL 33307

7. Name and Address of New Registered Agent

Name: ROBERT D. FRANCO
Street Address (P.O. Box Number is Not Acceptable):
5703 N. Andrews Way
Suite #200
City: Fort Lauderdale FL Zip Code: 33309

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	FRANCO, ROBERT D	
STREET ADDRESS	2000 NE 62 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5703 N. Andrews Way, Suite #200
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	FRANCO, GUILLERMO F
CITY-ST-ZIP	5703 N. Andrews Way, Suite #200
	Fort Lauderdale, FL 33309
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

Date

Daytime Phone #

Robert D. FRANCO

4-13-00 (934) 938-9610

CR2E034 (9/99)