

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90087 045 ***150.00

DOCUMENT # P97000093453

1. Entity Name
ADP TOTALSOURCE GOVERNMENT SERVICES, INC.

Principal Place of Business 10200 SUNSET DR. MIAMI FL 33173 US	Mailing Address 10200 SUNSET DR. MIAMI FL 33173 US
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011100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0882328		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MARSTON, ELIZABETH J 10200 SUNSET DR. MIAMI FL 33173				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALADRIGAS, CARLOS A			NAME			
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARSTON, ELIZABETH J			NAME	Robert Singer		
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS	One ADP Blvd		
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP	Roseland, NJ 07068		
TITLE	CFO	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, CARLOS A			NAME			
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	William Cuelo	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CJETS, WILLIAMS F			NAME			
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANCHEZ, JOSE M			NAME	Sergio Fernandez		
STREET ADDRESS	10200 SUNSET DR.			STREET ADDRESS	10200 Sunset Drive		
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP	miami, FL 33173		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **William Cuelo** 1/17/01 305-630-1242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (10/00)