

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90485 008 \*\*\*150.00

**DOCUMENT # P97000097282**

1. Entity Name

**CREDIT CARDS MERCHANT SERVICES, INC.**

Principal Place of Business

**13430 S.W. 1ST STREET  
 MIAMI FL 33184**

Mailing Address

**13430 S.W. 1ST STREET  
 MIAMI FL 33184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0792951**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ORTA, CARMEN B**

**13430 S.W. 1ST STREET  
 MIAMI FL 33184**

7. Name and Address of New Registered Agent

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **PSD** ☐ Delete  
 NAME **ORTA, CARMEN B**  
 STREET ADDRESS **13430 S.W. 1ST STREET**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **VP** ☐ Delete  
 NAME **ORTA, ANDRES**  
 STREET ADDRESS **13430 SW 1ST**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **OLivette Say**  
 STREET ADDRESS **SECRETARY**  
 CITY-ST-ZIP **13430 SW 1ST**  
**Miami FL 33184**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

**305 8929024**

Daytime Phone

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

Attachment  
Document ~~A~~

P97000097-  
282

May 28, 2002

CREDIT CARDS MERCHANT SERVICES, INC.  
13430 S.W. 1ST STREET  
MIAMI, FL 33184

869396

Subject: CREDIT CARDS MERCHANT SERVICES, INC.

Reference Number: P97000097282

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED-REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ  
ANNUAL REPORTS SECTION

COPY

Attachment  
Document #

June 11, 2002

P97000097282

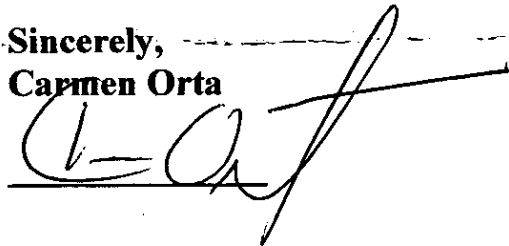
Florida Department of State

Reference #: P97000097282

869396

Enclosed is a check for the amount of \$150.00. We deeply apologize for the error in our previous check. If you have any questions please call us.

Sincerely,  
Carmen Orta

A handwritten signature in black ink, appearing to be 'C. Orta', written over a horizontal line.



CREDIT CARDS MERCHANT SERVICES INC

1531

63-841/670  
BRANCH 8220F

PAY  
TO THE  
ORDER OF

DATE

4/27/02

\$ 750<sup>00</sup>

ONE HUNDRED NO/100

DOLLARS

UNION PLANTERS BANK

65-0792951

FOR P97000097282

C-Bf Out

⑈001531⑈ ⑈067008414⑈ ⑈9660033623⑈

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Document #  
P97000097282  
869396

Attachment  
Document #

June 11, 2002

P97000097282

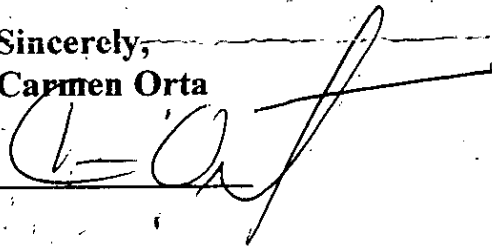
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