

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098959

1. Entity Name

D & B MERCHANT SERVICES INC,

**FILED**  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90045 006 \*\*\*150.00

Principal Place of Business

Mailing Address

85 GRAND CANAL DR  
STE 200  
MIAMI FL 33144-2566

85 GRAND CANAL DR  
STE 200  
MIAMI FL 33144-4002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8500 SW 8 St.

8500 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

miami, FL

miami, FL

Zip

Country

33144

Dade

Zip

Country

33144

Dade

4. FEI Number

65-0795042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AROCHA, ANNETTE  
9351 FOUNTAINBLEAU BLVD.  
SUITE B-119  
MIAMI FL 33172

Name

Annette Arocha

Street Address (P.O. Box Number is Not Acceptable)

14256 SW 154 St.

City

miami

FL

Zip Code

33177

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	D	<input checked="" type="checkbox"/> Delete
NAME	AROCHA, ANNETTE	
STREET ADDRESS	9351 FOUNTAINBLEAU BLVD. B-119	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AROCHA, PABLO	
STREET ADDRESS	9351 FOUNTAINBLEAU BLVD. B-119	
CITY-ST-ZIP	MIAMI FL 33172	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arocha, Annette	
STREET ADDRESS	14256 SW 154 St.	
CITY-ST-ZIP	miami, FL 33177	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arocha, Pablo	
STREET ADDRESS	14256 SW 154 St.	
CITY-ST-ZIP	miami, FL 33177	
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 #

1-28-00 305 264-9114

CR2E034 (9/99)