

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90086 007 ***150.00

DOCUMENT #

P97000105794

1. Entity Name

FINANCIAL PROCESSING INSTITUTION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

433 Plaza Real

433 Plaza Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 275

Suite 275

Boca Raton, Fl.

Boca Raton, Fl.

City & State

City & State

Zip

Zip

33432

33432

Country

Country

U.S.A.

U.S.A.

4. FEI Number

65-0817353

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

HASELKORN, JASON S. ESQ.
515 N. FLAGLER DR., 19th FLR.
WEST PALM BEACH, FL. 33401

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
LEINER, GLORIA LLERA
2403 N. Riverside Dr.
Pompano Beach, Fl. 33062

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/S/T/D
MARKS, SARAH T.
2403 N. Riverside Drive
Pompano Beach, Fl. 33062

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pompano Beach, Fl. 33062

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LEINER, GLORIA LLERA
433 Plaza Real, Suite 275
Boca Raton, Fl. 33432

☒ Change ☐ Addition

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☒ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Gloria Llera Leiner

GLORIA LLERA LEINER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)