

4/10/01

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90112 013 \*\*\*150.00

**DOCUMENT # P98000060926**

1. Entity Name

**BILLING SERVICES CORP.**

Principal Place of Business

Mailing Address

10240 S.W. 56 ST. **14025 SW 142 AVE**  
STE 1128  
MIAMI FL 3315610240 S.W. 56 ST. **14025 SW 142 AVE**  
STE 1128  
MIAMI FL 33156**#15**  
**MIAMI, FL 33186****#15**  
**MIAMI, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0850114**

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

**PEREIRA, ERICA**  
**15088 SW 173 TERR**  
**MIAMI FL 33187**Name **ANA PARRA**Street Address (P.O. Box Number is Not Acceptable)  
**14025 SW 142 AVE****#15**City **MIAMI,****FL**Zip Code **33186**

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 ☐ Delete  
NAME **PARRA, ANA**  
STREET ADDRESS **10240 SW 173 TERR #1138**  
CITY-ST-ZIP **MIAMI FL 33165**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **14025 SW 142 AVE #15**  
CITY-ST-ZIP **MIAMI, FL 33187**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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

**4/4/01** **305-251-1815**  
Date Daytime Phone #

CP2E034 (10/00)