## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P98000104245 DOCUMENT # 1. Entity Name **Secretary of State** RELIABLE PROCESSING CENTER CORP. Principal Place of Business Mailing Address 956 SW 82ND AVE 956 SW 82ND AVE MIAMI FL MIAMI FL33144 33144 2. Principal Place of Business 3. Mailing Address 1335 SW 87TH AVENUE 1335 SW 87TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI 65-0885464 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33174 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ RICELDA HERNANDEZ RICELDA 831 N.W. 134TH PLACE Street Address (P.O. Box Number is Not Acceptable) 3792 SW 136 AVENUE MIAMI FL33182 US City Zip Code MIAMI 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. RICELDA M HERNANDEZ 04/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change MAME GARCIA MORIS NAME GARCIA NORIS 3505 SOUTH OCEAN DRIVE #1505 STREET ADDRESS STREET ADDRESS 3830 SW 138 AVENUE CITY-ST-ZIP HOLLYWOOD FL 33109 CITY-ST-ZIP MIAMI PTD ☐ Delete TITLE X Change NAME HERNANDEZ RICELDA M NAME HERNANDEZ RICELDA STREET ADDRESS 3505 SOUTH OCEAN DRIVE # 901 STREET ADDRESS 3792 SW 136 AVENUE CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP MIAMI FL33175 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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. Ricelda M Hernandez SIGNATURE: \_ 04/30/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR