

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 12, 2001 8:00 an
Secretary of State**

06-12-2001 90001 046 ***550.00

DOCUMENT # P99000040808

1. Entity Name

EVERTEC TECHNOLOGY, INC. ✓

Principal Place of Business

Mailing Address

**3045 NW 82ND AVE.
MIAMI FL 33122****3045 NW 82ND AVE.
MIAMI FL 33122**

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 **65-0917642**

Applied F

Not Applic

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

**GARCIA, GUSTAVO
8960 NW 87TH STREET
APT. 406
MIAMI FL 33172**

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
Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARCIA, GUSTAVO
8960 NW 8TH STREET APT. 406
MIAMI FL 33122** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE ABREU, ANDREA
9359 FOUNTAINBLEAU BLVD. APT. F209
MIAMI FL 33172** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GARCIA, GUSTAVO
8960 NW 8TH STREET APT 406
MIAMI FL 33172** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BRAZ, MARIO M
8855 COLLINS AVENUE APT 9076
MIAMI FL 33154** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ABREU, ANDREA G DE
8200 NW 10TH STREET SUITE #03
MIAMI FL 33126** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Ad

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 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 #

06-06-01 305-7188