

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90459 034 ***150.00

DOCUMENT # P99000040808

1. Entity Name
EVERTEC TECHNOLOGY, INC.

Principal Place of Business Mailing Address
3045 NW 82ND AVE. 3045 NW 82ND AVE.
MIAMI FL 33122 MIAMI FL 33122

869765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0917642		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

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	

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 _____ DATE _____
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 Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, GUSTAVO	NAME	D. GARCIA GUSTAVO
STREET ADDRESS	8960 NW 8TH STREET APT. 406	STREET ADDRESS	10000 NW 51ST LANE
CITY-ST-ZIP	MIAMI FL 33122	CITY-ST-ZIP	MIAMI FL 33178
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, GUSTAVO	NAME	SAME ABOVE.
STREET ADDRESS	8960 NW 8TH STREET APT 406	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZ, MARIO M	NAME	
STREET ADDRESS	8855 COLLINS AVENUE APT 9076	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33154	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE: **SIGNATURE REQUIRED** **04-29-02** **305-718860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

Attachment

869765

June 2, 2002

EVERTEC TECHNOLOGY, INC.
3045 NW 82ND AVE.
MIAMI, FL 33122

Subject: **EVERTEC TECHNOLOGY, INC.**

Reference Number: P99000040808

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS
ANNUAL REPORTS SECTION