

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90273 020 \*\*\*150.00

**DOCUMENT # P99000054551**

1. Entity Name  
**CONTRACT PAYMENTS CORPORATION**

Principal Place of Business

15601 SW 137 AVE  
 STE 131  
 MIAMI FL 33177-1216

Mailing Address

15601 SW 137 AVE  
 STE 131  
 MIAMI FL 33177-1216

**818631**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15601 SW 137 AVE.**

3. Mailing Address

**15601 SW 137 AVE.**

Suite, Apt. #, etc.

**131**

Suite, Apt. #, etc.

**131**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0928158**

Applied For

Not Applicable

Zip

Country

**33177-1216**

**U.S.A.**

Zip

Country

**33177-1216**

**U.S.A.**

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

**ESPINOSA, LEONARDO**  
**15601 SW 137 AVE**  
**#131**  
**MIAMI FL 33177**

Name **ESPINOSA, LEONARDO**

Street Address (P.O. Box Number is Not Acceptable)  
**15601 SW 137 AVENUE**

**#131**

City **MIAMI**

FL Zip Code **33177**

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 *Leonardo Espinosa*

**LEONARDO ESPINOSA 3-31-2001**

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 **PSTD ESPINOSA, LEONARDO**  
 STREET ADDRESS **15601 SW 137 AVE #131**  
 CITY-ST-ZIP **MIAMI FL 33177-1216**

TITLE  Change  Addition  
 NAME **P/T/S/D LEONARDO ESPINOSA**  
 STREET ADDRESS **15601 SW 137 AVE #131**  
 CITY-ST-ZIP **MIAMI FL 33177-1216**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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: *Leonardo Espinosa*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEONARDO ESPINOSA**  
 Date

**3-31-2001**  
**305-233-17730**  
 Daytime Phone #

CR2E034 (10/00)