

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90048 032 ***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
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2. Principal Place of Business 15601 S.W. 137 AVE.	3. Mailing Address 15601 S.W. 137 AVE
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Suite, Apt. #, etc. 131	Suite, Apt. #, etc. 131
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City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 65-0928158	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33177-1216	Country U.S.A.	Zip 33177-1216	Country U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ESPINOSA, LEONARDO
 15601 SW 137 AVE
 #131
 MIAMI FL 33177

7. Name and Address of New Registered Agent
 Name **ESPINOSA, LEONARDO**
 Street Address (P.O. Box Number is Not Acceptable)
 15601 S.W. 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** DATE **03-11-2002**
Signature, typed or printed name of registered agent and the 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) <input checked="" type="checkbox"/>	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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESPINOSA, LEONARDO 15601 SW 137 AVE #131 MIAMI FL 33177-1216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D LEONARDO ESPINOSA 15601 SW 137 AVE. #131 MIAMI FL 33177-1216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **LEONARDO ESPINOSA** DATE **03-11-2002** DAYTIME PHONE # **305-233-7730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)