


**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90027 021 \*\*\*150.00

2004

**2002 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000054551</b>	
1. Entity Name <b>CONTRACT PAYMENTS CORPORATION</b>	
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
<b>44000109</b>	
	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 15601 SW 137 AVE Suite, Apt. #, etc. 131 City & State MIAMI FL Zip 33177-1216 Country U.S.A.	3. Mailing Address 15601 S.W. 137 AVE Suite, Apt. #, etc. 131 City & State MIAMI FL Zip 33177-1216 Country U.S.A.
4. FEI Number <b>65-0928158</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ESPINOSA, LEONARDO</b> 15601 SW 137 AVE #131 MIAMI FL 33177	
7. Name and Address of New Registered Agent Name <b>ESPINOSA, LEONARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>15601 S.W. 137 AVENUE</b> # 131 City <b>MIAMI</b> FL Zip Code <b>33177</b>	
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 <i>Leonardo Espinosa</i> <b>LEONARDO ESPINOSA</b> DATE <b>01-04-04</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PSTD ESPINOSA, LEONARDO 15601 SW 137 AVE #131 MIAMI FL 33177-1216</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P/T 5/D LEONARDO ESPINOSA #131 15601 SW 137 AVE MIAMI FL 33177-1216</b>
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: <i>Leonardo Espinosa</i> <b>LEONARDO ESPINOSA</b> DATE <b>03-11-2002</b> DAYTIME PHONE # <b>305-233-7730</b>	

01-04-2004

CR2E034 (8/01)