## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # **P99000056687** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name UNIVERSAL ELECTRONIC PROCESSING. INC. 04-27-2000 90123 030 \*\*\*150.00 Mailing Address Principal Place of Business 855 SW 78TH AVENUE 855 SW 78TH AVENUE PLANTATION FL 33324-3264 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0934702 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARDES, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 855 SW 78TH AVENUE PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete LIEBOWITZ, TED NAME NAME STREET ADDRESS 855 SW 78TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33324** ☐ Addition Change ☐ Delete TITLE PARDES, MICHEAL NAME NAME 855 SW 78TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLANTATION FL 33324 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE MARKOWITZ, HOWARD NAME STREET ADDRESS 855 SW 78TH AVENUE STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE LIEBOWITZ, SARA NAME NAME STREET ADDRESS STREET ADDRESS 855 SW 78TH AVENUE CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 TITLE Change ☐ Addition TITLE □ Delete BRAFF, NELSON NAME NAME 855 SW 78TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Addition TITLE TITLE ☐ Delete 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