

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90086 026 \*\*\*150.00

AV  
 11/03/02

**DOCUMENT # P99000070437**

1. Entity Name  
**AMERICAN BILLING SOLUTIONS INC.**

Principal Place of Business 12663 N.W. 18 MANOR PEMBROKE PINES FL 33028	Mailing Address 12663 N.W. 18 MANOR PEMBROKE PINES FL 33028
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0943165</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEVY, RUBEN**  
**12663 N.W. 18 MANOR**  
**PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. (See criteria on back)

**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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE & NAME ST LEITMAN, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 901 SW 128 AV A409	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE & NAME P LEVY, RUBEN	<input type="checkbox"/> Delete
STREET ADDRESS 12663 NW 18 MANOR	
CITY-ST-ZIP PEMBROKE PINES FL 33028	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE & NAME PST Ruben Levy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12663 N W 18 MANOR	
CITY-ST-ZIP PEMBROKE PINES, FL-33028	
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ruben Levy Date: 2/19/2002 Daytime Phone #: 954-443-0600

CR2E034 (9/01)