

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90942 019 \*\*\*150.00

**DOCUMENT # P99000079939**

1. Entity Name

**DADE BILLING SERVICES, CORP.**

Principal Place of Business

**935 W. 49 STREET, #106  
HIALEAH FL 33012**

Mailing Address

**P O BOX 22156  
HIALEAH FL 33002**



2. Principal Place of Business

**3750 W 16 Ave**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**204**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Hialeah FL**

City & State

4. FEI Number

**65-0947707**

Applied For

Not Applicable

Zip

**33012**

Country

**Miami Dade**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PI, CARLOS A  
935 W. 49 STREET, #106  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

**PI, Carlos A.**

Street Address (P.O. Box Number is Not Acceptable)

**3750 W 16 Ave #204**

City

**Hialeah**

FL

Zip Code

**33012**

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

*Carlos A. Pi*  
Signature, typed or printed name of registered agent and title if applicable.

**Carlos A. Pi**

**3/26/02**

(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, 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PI, CARLOS A</b>	
STREET ADDRESS	<b>935 W. 49 STREET, #106</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PI, Carlos A.</b>	
STREET ADDRESS	<b>3750 W 16 Ave #204</b>	
CITY-ST-ZIP	<b>Hialeah FL 33012</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Carlos A. Pi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/26/02 (305) 277-3112**

CR2E034 (9/01)