

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66638

1. Entity Name  
BUSINESS VERIFICATION SERVICES, INC.

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90043 010 \*\*\*150.00

Principal Place of Business

3550 BISCAYNE BLVD  
#601  
MIAMI FL 31904  
US

Mailing Address

3550 BISCAYNE BLVD  
#601  
MIAMI FL 33137  
US

2. Principal Place of Business

8051 NW 36

Suite, Apt. #, etc.

#600

City & State

MIAMI FL

Zip

33166

Country

33166

3. Mailing Address

8051 NW 36

Suite, Apt. #, etc.

#600

City & State

MIAMI FL

Zip

33166

Country

Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0343755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW, IAN R  
3550 BISCAYNE BLVD  
SUITE #601  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

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

8051 NW 36

#600

City

MIAMI

FL

Zip Code

33166

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 Sam R. Law  
Signature, typed or printed name of registered agent and title 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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PCS  
NAME LAW, IAN R ☐ Delete  
STREET ADDRESS 3550 BISCAYNE BLVD #601  
CITY-ST-ZIP MIAMI FL 33137

TITLE VDT  
NAME LARKIN, MICHAEL E ☐ Delete  
STREET ADDRESS 3550 BISCAYNE BLVD #601  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8051 NW 36 #600  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1400 NE MIAMI GARDENS DR  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15 2001 305-468-1560

Date

Daytime Phone #

0166392

CR2E034 (10/00)