

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90080 024 \*\*\*150.00

DOCUMENT # **S72081**

1. Entity Name  
**BILLING SERVICES OF MIAMI, INC.**

Principal Place of Business <b>9714 S.W. COURT</b> <b>MIAMI FL 33186</b> <b>US</b>	Mailing Address <b>P.O. BOX 960008</b> <b>MIAMI FL 33296-0008</b> <b>US</b>
---	--

2. Principal Place of Business <b>9741 SW 92 TERRACE</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State <b>MIAMI, FL</b>	City & State
Zip <b>33176-1801</b>	Country <b>USA</b>

4. FEI Number <b>65-0279598</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MARTINEZ, RAFAEL A**  
**9714 S.W. 133 COURT**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9741 S.W. 92 TERRACE**  
 City **MIAMI** **FL** Zip Code **33176-1801**

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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTINEZ, ROSA E.</b>		NAME		
STREET ADDRESS	<b>9714 SW 133RD CT</b>		STREET ADDRESS	<b>9741 SW 92 Terrace</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTINEZ, RAFAEL A.</b>		NAME		
STREET ADDRESS	<b>9714 SW 133 CT</b>		STREET ADDRESS	<b>9741 SW 92 Terrace</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAFAEL A. MARTINEZ** **2/14/2000** **(305) 412-8419**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE - PRESIDENT** Date Daytime Phone #

CR2E034 (9/99)