FROM :CPSI FAX NO. :3054087522

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Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90669 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S 78505

1. Entity Name: CONTRACT PURCHASING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

B0064726

2. Principal Place of Business	3. Mailing Address
P.O.Box 960666	15229 SW 170 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33196 Country: USA	Zip: 33187 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0284996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: C.K. Hawley II

Street Address (P.O. Box Number is Not Acceptable): 15229 SW 170 Terr

City: MIAMI FL Zip Code: 33187

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) Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	PD
NAME	HAWLEY, CLIFTON K II
STREET ADDRESS	15229 SW 170 TERR
CITY-ST-ZIP	MIAMI FL 33187
TITLE	D
NAME	HERNANDEZ, LUIS R
STREET ADDRESS	14266 SW 101 ST
CITY-ST-ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E044B (12/01)

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 on an attachment with an address, with all fields complete.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/1/02 — Daytime Phone #: 305 408 7522