

**UNIFORM BUSINESS REPORT (UBR)**MENT # **S85987**

DISCOUNT SERVICES, INC.

**FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90091 018 \*\*\*150.00

Principal Place of Business <b>1600</b> <b>7525 N.W. 61ST TERRACE</b> <b>#2901</b> <b>PARKLAND FL 33067</b>	Mailing Address <b>7600</b> <b>7525 N.W. 61ST TERRACE</b> <b>#2901</b> <b>PARKLAND FL 33067-2411</b>
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2. Principal Place of Business <b>7600 N.W. 61 Terrace</b>	3. Mailing Address <b>7600 N.W. 61 Terrace</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Parkland, Florida</b>	City & State <b>Parkland, Florida</b>
Zip <b>33067</b>	Zip <b>33067</b>
Country <b>Broward</b>	Country <b>Broward</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2645617</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 <b>LYONS, JAMES B.</b> <b>1881 UNIVERSITY DRIVE</b> <b>SUITE 206</b> <b>CORAL SPRINGS FL 33071</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEYVA, OSCAR</b> <b>7525 N.W. 61 TERRACE, #2901</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEYVA, ARNETTE A</b> <b>7525 N.W. 61 TERRACE, #2901</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**3/12/00** **561.4824770**