

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90024 004 ***150.00

DOCUMENT # P93000038185

1. Entity Name
BUSINESS TECHNOLOGY SERVICES, INC.

Principal Place of Business

**444 BRICKELL AVENUE
 SUITE 250
 MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVENUE
 SUITE 250
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0423383**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOMINGUEZ, RAFAEL O
 444 BRICKELL AVE.
 SUITE 250
 MIAMI FL 33131**

Name
DE LA PENA E BAJANDAS LLP
 Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL 1444 OL. ST. 765
 City **MIAMI** FL Zip Code **33131**

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  **Ricardo Bajandas** DATE **4/27/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
AS	DE LA PENA, LEONCIO E		
601 BRICKELL KEY DRIVE, SUITE 705	MIAMI FL 33131		
PD	OLLOQUI, RAFAEL D		
905 SOUTH BAYSHORE DRIVE #1827	MIAMI FL 33131		

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:  **Leoncio E. De la Peña** DATE **4/27/2001** DAYTIME PHONE # **305 377-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)