

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90040 042 ***550.00

DOCUMENT # P96000060275

1. Entity Name
AAA ACCOUNTING GROUP, INC.

Principal Place of Business Mailing Address
275 FONTAINEBLEAU BLVD., SUITE 130 **275 FONTAINEBLEAU BLVD., SUITE 130**
MIAMI FL 33172 **MIAMI FL 33172-4500**

2. Principal Place of Business 3. Mailing Address
4806 NW 98th PL **4806 NW 98th PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL 33178 **Miami, FL 33178**
 Zip Country Zip Country
33178 **US** **33178** **US**

4. FEI Number Applied For
65-0684470 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMEU, ALFONSO
275 FONTAINEBLEAU BLVD., SUITE 130
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **CARLOS ROMEU**
 Street Address (P.O. Box Number is Not Acceptable)
4806 NW 98th PL
 City State Zip Code
Miami **FL** **33178**

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 *Carlos ROMEU* DATE May 15, 2000
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. **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	DVP	<input type="checkbox"/> Delete
NAME	ROMEU, ALFONSO	
STREET ADDRESS	121 NW 85 PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROMEU, CARLOS	
STREET ADDRESS	4806 NW 98TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMEU, A	
STREET ADDRESS	121-NW 85-PL	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4806 NW 98th PL	
CITY-ST-ZIP	Miami FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4806 NW 98th PL	
CITY-ST-ZIP	Miami FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTA ROMEU	
STREET ADDRESS	4806 NW 98th PL	
CITY-ST-ZIP	Miami FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos ROMEU* **RECEIVED** May 15, 2000 (305) 471 5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)