

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90139 028 \*\*\*150.00

**DOCUMENT # P97000070986**

1. Entity Name  
**F.R. ACCOUNTING SERVICES, INC.**

Principal Place of Business

Mailing Address

101 S.W. 81ST AVE.  
 MIAMI FL 33144

101 S.W. 81ST AVE.  
 MIAMI FL 33184-3032

00040140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1085 SW 135 Place  
 Suite, Apt. #, etc.

1085 SW 135 Place  
 Suite, Apt. #, etc.

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number **65-0775071**

Applied For  
 Not Applicable

Zip  
 33184

Country  
 US

Zip  
 33184

Country  
 US

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

ARMAS-SANTOS, FARA R  
 101 S.W. 81ST AVE.  
 MIAMI FL 33144

Name  
**ARMAS-SANTOS, FARA R**  
 Street Address (P.O. Box Number is Not Acceptable)

1085 SW 135 Place

City  
 Miami

FL

Zip Code  
 33184

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	DP ARMAS-SANTOS, FARA R 101 S.W. 81ST AVE. MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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 #

*FARA R. ARMAS-SANTOS*  
 FARA R.  
 ARMAS-SANTOS 4/25/00

CR2E034 (9/99)