

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 11, 2000 8:00 am
Secretary of State

04-12-2000 90193 047 ***150.00

DOCUMENT # P99000006891

1. Entity Name

ACCOUNTANTS REFERRAL SERVICE OF SOUTH FLORIDA, I

Principal Place of Business

1776 N PINE ISLAND RD #314
 PLANTATION FL 33322

Mailing Address

1776 N PINE ISLAND RD #314
 PLANTATION FL 33322-5235

2. Principal Place of Business

Suite, Apt. #, etc.

#315

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

#315

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0889693

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, KATHI
 1776 N PINE ISLAND RD #314
 PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

Kathi Santini

Street Address (P.O. Box Number is Not Acceptable)

(same address) #315

City

FL

Zip Code

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!!! FEES \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D WILLIAMS, KATHI	1776 N PINE ISLAND RD #314	PLANTATION FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Kathi Santini	#315 (same address)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or other like empowered.

SIGNATURE:

Kathi Santini

4/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #