2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 a1 DOCUMENT # **P99000107476 Secretary of State** 1. Entity Name 02-08-2000 90165 026 ***150.00 JA & S ACCOUNTANTS, INC Principal Place of Business Mailing Address 2323 W 52 ST 2323 W 52 ST HIALEAH FL 33016 HIALEAH FL 3301B 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Not. Country Zip Country \$8.75 ... 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, SONIA Street Address (P.O. Box Number is Not Acceptable) 2201 W 52 ST #112 HIALEAH FL 33016 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE GARCIA, SONIA NAME NAME STREET ADDRESS 2201 W 52 ST #112 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change Delete TITLE TITLE GARCIA, JOSE A NAME NAME STREET ADDRESS STREET ADDRESS 2201 W 52 ST #112 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change Delete. TITLE ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □C. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 i 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 according to the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block a changed, or on an attachment with an according with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR