

70000000226

Requester's Name
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City/State/Zip Phone #

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*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Your hispanic office / su oficina Hispana
(Corporation Name) (36) (Document #)
2. _____
(Corporation Name) (Document #)
3. 789/747/740
(Corporation Name) (Document #)
(36) Oficina Hispana
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent Availability
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 MAR -1 PM 3:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Name	NA
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Attestation Agent	NJC
Attestation Verifier	NJC

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 25, 2000

MARITZA J. COLLAZO
MASTER ACCT. & TAX SERVICE
3846 CURRY FORD RD.
ORLANDO, FL 32806

SUBJECT: SU OFICINA HISPANA
Ref. Number: W00000002020

We have received your document for SU OFICINA HISPANA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (36) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (36).

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: OFICINA HISPANA

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 300A00003385

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Master Acct & Tax Service

3846 Curry Ford Rd

Orlando FL 32806

(407) 896-7113

Daytime Telephone number

PART I

1. (a) Applicant's name: Master Accounting & Tax Service Inc.

(b) Applicant's business address: 3846 Curry Ford Rd

Orlando FL 32806

City/State/Zip

(c) Applicant's telephone number: (407) 896-7113

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Other:

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration number: P97-103208 (2) Domicile State: _____

(3) Federal Employer Identification Number: 59-3481310

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Tax & Accounting Service

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

newspapers, advertisements, etc.

(Continued)

d) The class(es) in which goods or services fall:

Accounting & Tax Service Professional

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 1/1/1997 (b) Date first used in Florida: 1/1/1997

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

"Su Oficina Hispana"

Translated English "Your Hispanic Office"

English Translation "Your Hispanic Office"

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM Oficina Hispana
"APART FROM THE MARK AS SHOWN."

I, Maritza I. Collazo, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Maritza I. Collazo

Typed or printed name of applicant

[Signature]
Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Orange

On this 19 day of January, 2000, Maritza I. Collazo personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

[Signature]
Notary Public Signature

Humberto Collazo
Notary's Printed Name

MASTER

Accounting & Tax Service, Inc.

"Su Oficina Hispana"

- Accounting
- Payroll
- Corporations
- Fictitious Name
- Income Tax
- Notary
- Affidavit
- Business Consultant

"Tax Service All Year Round"

RITA RIVERA
3842 Curry Ford Rd.
Orlando, FL 32806

Bus: (407) 896-7113
Bus: (407) 896-2118
Fax: (407) 896-2318

My Commission Expires:

EE: \$87.50 per class



FILED
00 MAR - 1 PM 3:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE