

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024083

1. Entity Name

JN ACCOUNTING AND TAX SERVICE INC.

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90014 003 ***158.75

Principal Place of Business

Mailing Address

401 MIRACLE MILE
STE. 107
CORAL GABLES FL 33134

P.O. BOX 226406
MIAMI FL 33122-6406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903044

Applied For

Not Applicable

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

TORRES, NEMARI
10006 N.W. 52ND TERRACE
MIAMI FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)
4822 N.W. 107 Place

City
Miami

FL

Zip Code
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

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 **D** ☐ Delete
NAME **TORRES, NEMARI**
STREET ADDRESS **10006 N.W. 52ND TERRACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
NAME **4822 N.W. 107 Place**
STREET ADDRESS **Miami, FL 33178**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **TORRES, JOSE A**
STREET ADDRESS **4822 N.W. 107TH PLACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Nemari Torres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 2000/442-7294

Date

Daytime Phone #

CR2E034 (9/99)