## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 550518

1. Entity Name

ACCOUNTING SYSTEMS & TAXES INC.

## FILED Feb 28, 2000 8:00 am Secretary of State

02-28-2000 90074 002 \*\*\*150.00

Principal Billot 12340 N.W. 30TI SUNRISE FL 33	H ST	Mailing Address 12340 N.W. 30TH ST SUNRISE FL 33323-1518			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SPACE
City & State		City & State		4. FEI Number 59-177827	0 Applied For Not Applicable
Žip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New F	Registered Agent
			Name		- * -
BETA	INCOURT, CARMEN E. 0 NW 30 ST	,	Street Address	s (P.O. Box Number is Not Acceptable	3)
	RISE FL 33323				
			City		FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flo	orida.
SIGNATURE _					DATE
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature require	red when reinstating)	DATE
Tax filling re	ration is eligible to satisfy its Intangible equirement and elects to do so, is on back).	After MAY 1, 20	!! FEE IS \$150.00 00 Fee will be \$550.00 ble to Department of St	Trust Fund Contribution	
11	ÖFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 11
11.			,	ADDITIONS/OFFARGES TO OFF	Change Addition . 8
TITLE	Details of the control of the contro	ng li≜ waa Delete liam		atematical and the second	
NAME	BETANCOURT, ORESTE D.	•	NAME	·	·
STREET ADDRESS	12340 N.W. 30TH ST.		STREET ADDRESS		] }
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	PS	□ Delete	TITLE		☐ Change ☐ Addition C
NAME	BETANCOURT, CARMEN E		NAME		
STREET ADDRESS	12340 N.W. 30TH ST		STREET ADDRESS		· ·
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
TITLE " NAME	BETANCOURT, FRANCOIS	□ Delete	NAME	•	
STREET ADDRESS		••	STREET ADDRESS		
CITY-ST-ZIP	12340 NW 30TH ST SUNRISE FL 33323		CITY-ST-ZIP		
ł	SUMMOE PL 33323	<b>-</b>			Change Addition
TITLE		☐ Delete	TITLE		
NAME			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
0111-31-ZIF		_			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<b>\</b>
13. I hereby o	ertify that the information supplied with	h this filing does not qualify for	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify that the information oath; that Lam an officer or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Carmen E Betancourt, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR