

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90100 038 ***150.00

DOCUMENT # 289412

1. Entity Name
ACCURATE REPORTING SERVICE INC

Principal Place of Business 172 W. FLAGLER STREET #220 MIAMI FL 33130 US	Mailing Address 172 W. FLAGLER STREET #220 MIAMI FL 33130-1532 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ONE FINANCIAL PLAZA	3. Mailing Address ONE FINANCIAL PLAZA
Suite, Apt. #, etc. SUITE 2202	Suite, Apt. #, etc. SUITE 2202
City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33394	Country
Country	Zip 33394
Country	Country

4. FEI Number 59-1115424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BESONER, BEVERLY
 172 W FLAGLER ST #220
 MIAMI FL-33130**

7. Name and Address of New Registered Agent

Name
JOSEPH C. MOFFA

Street Address (P.O. Box Number is Not Acceptable)
ONE FINANCIAL PLAZA, SUITE 2202

City
FT LAUDERDALE FL Zip Code
33394

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]* DATE **2/23/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BESONER, BEVERLY J 172 W FLAGLER ST #S-220 MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S JOSEPH C. MOFFA ONE FINANCIAL PLAZA, SUITE 2202 FT LAUDERDALE, FL 33394	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATHY MOFFA ONE FINANCIAL PLAZA, SUITE 2202 FT LAUDERDALE, FL 33394	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BETTY HALL ONE FINANCIAL PLAZA, SUITE 2202 FT LAUDERDALE, FL 33394	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *[Signature]* **PRESIDENT** DATE **2/23/00** DAYTIME PHONE # **954-763-1608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)