

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90043 035 ***150.00

DOCUMENT # 451255

1. Entity Name

ACCURATE INVENTORY AND CALCULATING SERVICE OF FLORIDA, INC.

Principal Place of Business

OF FLORIDA, INC.
7843 BIRD RD. 3223
MIAMI FL 33155

Mailing Address

OF FLORIDA, INC.
7843 BIRD RD. 3223
MIAMI FL 33155

2. Principal Place of Business

7155 SW 47th ST.

Suite, Apt. #, Box

311

City & State

MIAMI

Zip

33155

Country

USA

3. Mailing Address

7155 SW 47th ST.

Suite, Apt. #, Box

UNIT 311

City & State

MIAMI

Zip

33155

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1531378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, FRANKLIN
13611 SW 105 AVE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Franklin Hopkins

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-02

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	HOPKINS, FRANKLIN	
STREET ADDRESS	13611 SW 105 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOPKINS, FRANKLIN JR.	
STREET ADDRESS	14534 SW 84 ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOPKINS, LOIS	
STREET ADDRESS	13611 SW 105 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALZAHN, CHARLES	
STREET ADDRESS	4921 NW 86TH TERR	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Franklin Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 786-268-4520

CR2E034 (9/01)