

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644313

1. Entity Name

COMPLETE ACCOUNTING AND TAX SERVICE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90035 019 ***150.00

Principal Place of Business

Mailing Address

6115 MIRAMAR PKY
STE B
MIRAMAR FL 33023
US

P.O. BOX 4545
HOLLYWOOD FL 33083-4545
US

2. Principal Place of Business

2230 NW 93rd Ave

3. Mailing Address

Po Box 848847

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines FL

Zip

33024

Country

Broward

Zip

33084

Country

Broward

4. FEI Number

59-1947629

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

WILLIAMS, ANTHONY
2341 N 66 AVE
HOLLYWOOD FL 33024

Name

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

2230 NW 93rd Ave

City

Pembroke Pines

FL

Zip Code

33024

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 PD ☐ Delete
NAME WILLIAMS, ANTHONY
STREET ADDRESS 2341 N 66 AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS 2230 NW 93rd Ave
CITY-ST-ZIP Pembroke Pines FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Anthony Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-2000

Date

(954) 462-1551

Daytime Phone #

CR2E034 (9/99)