

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90090 021 ***150.00

DOCUMENT # 650647

1. Corporation Name

RICKIE KNOBEL, ACCOUNTANT, P.A.

Principal Place of Business

11900 BISCAYNE BLVD.
STE. 808
NORTH MIAMI FL 33181
US

Mailing Address

PO BOX 610395
NORTH MIAMI FL 33261
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1980

4. FEI Number

59-1955018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2000 Towerside Terr

Suite, Apt. #, etc.

22 Suite 1912

City & State

23 Miami, FL

Zip

Country

24 33138-2228 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

28 Miami, FL

Zip

Country

29 33138-2228 30 USA

9. Name and Address of Current Registered Agent

KNOBEL, RICKIE
11900 BISCAYNE BLVD.
STE. 808
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

Rickie Knobel

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

2000 Towerside Terr

83

Suite 1912

84

City Miami

FL

85

Zip Code 33138

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME KNOBEL, RICKIE

STREET ADDRESS 11900 BISCAYNE BLVD., STE. 808

CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME P/D

1.3 STREET ADDRESS Rickie Knobel

1.4 CITY-ST-ZIP 2000 Towerside Terr STE 1912

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Miami, FL 33138-2228

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED 3/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0277922

CR2F034-141/98