

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90041 012 ***150.00

DOCUMENT #. G76572

1. Entity Name
ACCOUNTABLE AND BOOKKEEPING SERVICES, INC.

Principal Place of Business Mailing Address
85 GRAND CANAL DR. # 305 Same
MIAMI FL. 33144

C0045939

2. Principal Place of Business 3. Mailing Address
85 Grand Canal Dr. Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
305

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl.

City & State

4. FEI Number
59-2356858

Applied For
 Not Applicable

Zip
33144

Country
Dade

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 Registered Agent

CEDENO, FELIX
85 Grand Canal Dr. # 305
Miami, Fl. 33144

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 _____

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 Delete
 NAME **Cedeno, Felix**
 STREET ADDRESS **85 Grand Canal Dr. # 305**
 CITY-ST-ZIP **Miami, Fl. 33144**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Felix Cedeno* **Felix J. Cedeno**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 20 2000

Date

Daytime Phone #

CR2E034 (9/99)