

# 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**

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

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

City & State City & State  
**Miami, Fl.**

Zip Country Zip Country  
**33144 Dade**

4. FEI Number Applied For  
**59-2356858** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**C0045939**

## 6. Name and Address of Current Registered Agent

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Cedeno, Felix</b>	<b>85 Grand Canal Dr. # 305</b>	<b>Miami, Fl. 33144</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**MAR 20 2000**

Date Daytime Phone #

CR2E034 (9/99)