

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM  
Secretary of State

DOCUMENT # **H89177**

1. Entity Name  
ASSOCIATES ACCOUNTING & TAX SERVICES, INC.

Principal Place of Business  
1881 NE 26TH STREET  
WILTON MANORS FL 33305  
Mailing Address  
P.O. BOX 590910  
FT. LAUDERDALE FL 333590910

2. Principal Place of Business  
1900 WEST COMMERCIAL BLVD  
3. Mailing Address

Suite, Apt. #, etc.  
SUITE 16  
Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE FL  
City & State

Zip Country  
33309 US  
Zip Country

4. FEI Number  
**59-2612101**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORSO, CATHERINE  
4550 N.W. 59 COURT  
FT. LAUDERDALE FL 33319 US

## 7. Name and Address of New Registered Agent

Name  
FOREST CATHERINE  
Street Address (P.O. Box Number is Not Acceptable)  
4550 N.W. 59 COURT  
City  
FT. LAUDERDALE FL Zip Code  
33319

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 **CATHERINE FOREST**

04/26/2001

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, 2001 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	DPV	
NAME	CORSO, CATHERINE	<input type="checkbox"/> Delete
STREET ADDRESS	4450 NW 59TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPV	
NAME	FOREST CATHERINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4450 NW 59TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
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: **CATHERINE FOREST**

PVS

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)