## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # H96121** Mar 04, 2000 8:00 am Secretary of State 1. Entity Name ATTORNEYS BOOKKEEPING SERVICE, INC. 03-04-2000 90121 026 \*\*\*150.00 Mailing Address Principal Place of Business 333 UNIVERSITY DRIVE 333 UNIVERSITY DRIVE SUITE 212 SUITE 212 CORAL GABLES FL 33134 CORAL GABLES FL 33134-7258 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2628447 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name D'ANGELO, FLORENCE Street Address (P.O. Box Number is Not Acceptable) 333 UNIVERSITY DRIVE **SUITE 212** CORAL GABLES FL 33134 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME D'ANGELO, FLORENCE STREET ADDRESS STREET ADDRESS 333 UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition Change ☐ Delete TITLE NAME STERN, HAROLD NAME STREET ADDRESS STREET ADDRESS 333 UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR