2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am Secretary of State **DOCUMENT # K26167** 1. Entity Name BASIC ACCOUNTING SERVICE, INC. 05-03-2001 90941 050 ***150.00 Principal Place of Business Mailing Address 692 WEST 29TH STREET 692 WEST 29TH STREET SUITE #9 SHITE #9 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0054807 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ------ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, HECTOR J. Street Address (P.O. Box Number is Not Acceptable) 692 W. 29TH STREET SUITE #9 HIALEAH FL 33012 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition **PST** ☐ Delete TITI F ☐ Change TITLE NAME HALL, HECTOR J. NAME STREET ADDRESS STREET ADDRESS 674 W. 44TH PL. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete Change ☐ Addition TITI F D TITLE NAME HALL, HECTOR J. NAME STREET ADDRESS STREET ADDRESS 674 W. 44TH PL. CITY-ST-7IP CITY-ST-ZIP HIALEAH FL ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 of 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 addition, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01 307- P87-4185
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