

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01807

1. Entity Name

PATRON ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

2721 SW 137 AVE
115
MIAMI FL 33175
US

13800 SW 8TH STREET
#103
MIAMI FL 33184
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRON, MINERVA D.
1101 SW 139 AVE
MIAMI FL 33184

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATRON, MINERVA D. 1101 SW 139 AVE MIAMI FL 33184	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRON, MINERVA D. 1101 SW 139 AVE MIAMI FL 33184	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATRON, RICARDO A. 1101 SW 139 AVE MIAMI FL 33184	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ODALIS P. LACORRA 1770 SW 139 CT. MIAMI, FL. 33175	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Minerva D. Patron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1/8/01
Date

(305) 226-4745
Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90027 033 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069610

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

CR2E034 (10/00)