

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90040 004 ***150.00

DOCUMENT # M22343

1. Entity Name

NATIONAL AUTOMATED BOOKKEEPER INC.

Principal Place of Business

Mailing Address

C/O LUZ MATLIN
2809 BIRD AVE., SUITE 124
COCONUT GROVE FL 33133

C/O LUZ MATLIN
2809 BIRD AVE., SUITE 124
COCONUT GROVE FL 33133

2. Principal Place of Business

8567 Coral Way

3. Mailing Address

8567 Coral Way

Suite, Apt. #, etc.

PMB # 330

Suite, Apt. #, etc.

PMB # 330

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2599734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATLIN, LUZ
2809 BIRD AVE.
SUITE 124
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

LUZ MATLIN

Street Address (P.O. Box Number is Not Acceptable)

8567 Coral Way PMB 330

City

MIAMI FL

FL

Zip Code

33155

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

TITLE P ☐ Delete
NAME MATLIN, LUZ
STREET ADDRESS 2809 BIRD AVE, SUITE #124
CITY-ST-ZIP COCONUT GROVE FL 33133-4668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME MATLIN, LUZ
STREET ADDRESS 8567 CORAL WAY PMB 330
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *X Luz Matlin*

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-11-01

Date

305-267-5838

Daytime Phone #

CR2E034 (10/00)