FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43444 1. Entity Name ACCOUNTANTS ASSOCIATES, INC.						Jan 18, 2002 8:00 am Secretary of State 01-18-2002 90011 036 ***150.00				
Principal Place of Business C/O ARAMIS LOPEZ 801 W. 49 ST #224 HIALEAH FL 33012		Mailing Address C/O ARAMIS LOPEZ 801 W. 49 ST., #224 HIALEAH FL 33012								
2. Principal I	Place of Business	3. Mailing Address				+	FIEL FIELD BLOK		IBN 81841 IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	4. FEI Number 59-2752885 Applied For Not Applicable				
Zip Country		Zip	itry	5. (Certificate of Status Desired		3.75 Add e Require	ditional	1	
	6. Name and Address of Current R	egistered Agent		T	7. N	Name and Address of New Re			·——	1
				Name						1
LOPEZ, A			Street Addre	ss (P.O. B	Box Number is Not Acceptable)		-		1	
	9TH ST., <i>#2</i> 24 FL 33012									1
HIALEAH	FL 33012			City				Zio Cod		-
•	e named entity submits this statement for t						FL	Zip Cod	·e]
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	!! FEE)2 Fee	will be \$550.0	00	instating) 10. Election Campaign Fina Trust Fund Contribution.			May Be	
11.	OFFICERS AND D		12.	cpartificate of			ERS AND D	RECTOR:	S IN 11	}
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, ARAMIS 8902 NW 189 TERR MIAMI FL	☐ Delete	TITLE NAM STRE	I	, , ,		_] Change	Addition	(2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARAMIS, LOPEZ JR. 8861 NW 186TH ST MIAMI FL	☐ Delete						Change	☐ Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, VOLANDA 8902 NW 189 TER MIAMI FL 33018	☐ Delete		I .		<u>.</u> .] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I] Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		l .] Change	Addition	
indicated of the cor	certify that the information supplied with th I on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, with	ue and accurate and that me ered to execute this report a	y signat as requir	ure shall have t	he same le	egal effect as if made under oa	th: that Lam :	an officer	or director	

SIGNATURE: _

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Daytime Phone #