

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59993

1. Entity Name

DATA ACCOUNTING & TAXES, INC.

Principal Place of Business

C/O GILFREDO MUGARRA  
3383 NW 7TH ST., STE 203  
MIAMI FL 33125

Mailing Address

3383 NW 7TH ST  
203  
MIAMI FL 33125  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0032582

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75: Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUGARRA, GILFREDO  
3383 NW 7TH ST  
STE 203  
MIAMI FL 33125

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  
OD  
CAO, PABLO M  
3315 NW 7 STR  
MIAMI FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DO  
MUGARRA, GILFREDO  
3315 NW 7 ST  
MIAMI FL 33125

☐ Delete

TITLE  
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CITY-ST-ZIP  
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☐ 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:

FILED  
Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90063 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)