

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90108 015 ***158.75

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DOCUMENT # P00000037650

1. Entity Name
SAP ACCOUNTING SERVICES, INC.



Principal Place of Business
**8810 SW 54TH STREET
MIAMI FL 33165**

Mailing Address
**8810 SW 54TH STREET
MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1000114**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARDELLES, GRACIELA
8810 SW 54TH STREET
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CARDELLES, GRACIELA**
STREET ADDRESS **8810 SW 54TH STREET**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Graciela Cardelles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-03 305-279-6139
Date Daytime Phone #

CR2E034 (10/02)

Attachment

80139536

SAP Accounting Services, Inc.

8810 SW 54th Street

Miami, Florida 33165

Division of Corporations.

To whom it may concern:

I am hereby enclosing the ~~2003 Uniform Business Report~~ for SAP Accounting Services, Inc. Document # P99000037650 and a check for 158.75 for the annual corporation fee and a copy of the Certificate of Status.

We had personal problems and were out of the city during the end of April beginning of May. The report was filed and never paid. Reviewing our records, we realized this terrible mistake and hope that, since we had always paid in time, we can pay now without any consequences.

Please accept my situation as sufficient ground for the abatement of penalties.

Thank you for your attention in this matter.

Respectfully,

Graciela Cardelles

Graciela Cardelles

President