

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90004 029 ***158.75

DOCUMENT # P00000050371

1. Entity Name

BOCA ACCOUNTING.COM, INC.

Principal Place of Business

1515 N. FEDERAL HWY., STE. 218
 BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HWY., STE. 218
 BOCA RATON FL 33432

2. Principal Place of Business

900 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE #160

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Address

900 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE #160

City & State

BOCA RATON, FL

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FFI Number

65-1011508

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRASSANO, N. RICHARD
 807 DOVER ST.
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 N. RICHARD GRASSANO
 807 DOVER ST
 BOCA RATON, FL 33487 PD

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

N. Richard Grassano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-01 561-395-0330

CR2E034 (10/00)