

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0647665 SP

**DOCUMENT # P00000050848**

1. Entity Name  
**PROFESSIONAL ACCOUNTING & TAX SOLUTIONS, INC.**

04-10-2002 90023 050 \*\*\*150.00

Principal Place of Business <b>499 E PALMETTO PK ROAF          SUITE 207          BOCA RATON FL 33432</b>	Mailing Address <b>499 E PALMETTO PK ROAF          SUITE 207          BOCA RATON FL 33432</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>10802 Crescendo Circle Boca Raton</b>
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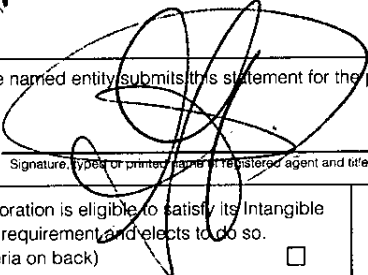
DO NOT WRITE IN THIS SPACE

City & State <b>Boca Raton FL</b>	4. FEI Number <b>65-1012512</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33498</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TRONCONE, MONIQUE, CPA  
 10802 CRESCENDO CIRCLE  
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
 Name **Monique Troncone, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10802 Crescendo Circle**  
 City **Boca Raton** FL Zip Code **33498**

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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>TRONCONE, MONIQUE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10802 CRESCENDO CIRCLE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33498</b>	
TITLE <b>TD</b>	NAME <b>RAYMOND, PETRONA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>6466 S.W. 26TH STREET</b>	CITY-ST-ZIP <b>MIRAMAR FL 33023</b>	
TITLE <b>S</b>	NAME <b>COLSTOCK, VERONA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3375 NW 37TH AVENUE</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33309</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>President</b>	NAME <b>Monique Troncone CPA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10802 Crescendo Circle</b>	CITY-ST-ZIP <b>Boca Raton FL 33498</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:  **President** Date **4/3/02** Daytime Phone # **(561)-338-5158**

CR2E034 (9/01)