

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059866

1. Entity Name

ACCOUNTING AND SYSTEMS SERVICES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90374 040 \*\*\*150.00

Principal Place of Business

8045 ABBOTT AVENUE, #19  
MIAMI BEACH FL 33141

Mailing Address

8045 ABBOTT AVENUE, #19  
MIAMI BEACH FL 33141

2. Principal Place of Business

100 Kings Point Dr.

3. Mailing Address

100 Kings Point Dr.

Suite, Apt. #, etc.

Apt. #1506

Suite, Apt. #, etc.

Apt. #1506

City & State

Sunny Isles Beach FL

City & State

Sunny Isles Beach FL

4. FEI Number

65-1020687

Applied For

Not Applicable

Zip  
33160

Country  
Miami Dade

Zip  
33160

Country  
Miami Dade

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

SOMEILLAN, JULIO C  
8045 ABBOTT AVENUE, #19  
MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Kings Point Dr. #1506

City

Sunny Isles Beach

FL

Zip Code

33160

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

TITLE **P** ☐ Delete  
NAME **SOMEILLAN, JULIO C**  
STREET ADDRESS **8045 ABBOTT AVENUE, #19**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 Kings Point Dr. #1506**  
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

*Julio C. Someillan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO C. SOMEILLAN Pres.

4/5/01

Date

Daytime Phone #

305-940-324X

CR2E034 (10/00)