

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90350 045 \*\*\*150.00

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000059866

1. Entity Name

ACCOUNTING AND SYSTEMS SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

100 Kings Point Dr.

Suite, Apt. #, etc.

#1506

3. Mailing Address

100 Kings Point Dr

Suite, Apt. #, etc.

#1506

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name

JULIO C. SOMEILLAN

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

100 Kings Point Dr. # 1506

City

Sunny Isles Beach

FL

Zip Code  
33160

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SOMEILLAN, JULIO C  
100 Kings Point Dr. #1506  
Sunny Isles Beach, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio C. Someillan

4/26/02

305-940-3244

Date

Daytime Phone

CR2E034B (12/01)