

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90048 016 \*\*\*150.00

DOCUMENT # P00000067789

1. Entity Name

AMERICAN ACCOUNTING & MARKETING CORP

Principal Place of Business

6707 KINGSMOORE WAY  
MIAMI LAKES FL 33014

Mailing Address

6707 KINGSMOORE WAY  
MIAMI LAKES FL 33014

2. Principal Place of Business

1183 W 29TH ST. STE D

3. Mailing Address

Suite, Apt. #, etc.  
P.O. BOX 4552

Suite, Apt. #, etc.  
SUITE D

City & State  
HIALEAH, FLORIDA

City & State  
HIALEAH, FL.

Zip  
33012

Country  
USA

Zip  
33014

Country  
USA

4. FEI Number

65-1055204

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABIAN, HECTOR R  
6707 KINGSMOORE WAY  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name  
FABIAN, HECTOR R.

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

16340 SHADOW CT.

16340 SHADOW CT.

City  
MIAMI LAKES

FL

Zip Code  
33014

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: Hector R. Fabian

Signature typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-01

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 NAME STREET ADDRESS CITY-ST-ZIP	P FABIAN, DIANA M 6707 KINGSMOORE WAY MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABIAN, HECTOR R 6707 KINGSMOORE WAY MIAMI LAKES FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FABIAN, DIANA M. 16340 SHADOW CT. MIAMI LAKES, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGISTERED AGENT FABIAN, HECTOR R. 16340 SHADOW CT. MIAMI LAKES, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hector R. Fabian

04-25-01 305-887-8444

CR2E034 (10/00)