2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # P00000117765 1. Entity Name SIS ACCOUNTING SERVICE, INC. 03-06-2002 90032 007 ***150.00 Principal Place of Business Mailing Address 855 WEST 79TH STREET 855 WEST 79TH STREET HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1065916 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SOLORZANO, CAROLINA Street Address (P.O. Box Number is Not Acceptable) 855 WEST 79TH STREET HIALEAH FL 33014 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLÉ ☐ Addition ☐ Delete TITLE NAME SOLORZANO, CAROLINA NAME STREET ADDRESS 855 WEST 79TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change Addition TITLE ☐ Delete TITLE **VPD** NAME NAME CUAREZMA, MARIA STREET ADDRESS STREET ADDRESS 937 WEST 80 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Change : Addition ~ Delete TITLE TITLE NAME NAME SOLORZANO, FRANCISCO STREET ADDRESS STREET ADDRESS 855 W 79 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attactment with an address, with all other like empowered.

FILED