

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-20-2002 90143 042 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018524
Entity Name
ZENAIDA ACCOUNTING SERVICES INC.

Principal Place of Business
**112 HUNTER STREET
WEST PALM BEACH FL 33405-4402**

Mailing Address
**412 HUNTER STREET
WEST PALM BEACH FL 33405-4402**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
412 HUNTER ST

3. Mailing Address
412 HUNTER ST

Suite, Apt. #, etc.
N/A

City & State
WEST PALM BEACH

City & State
WEST PALM BEACH

4. FEI Number
65-1076845

Applied For
 Not Applicable

Zip
33405

Country
FLORIDA

Zip
33405

Country
FLORIDA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERNANDEZ, ZENAIDA
412 HUNTER STREET
WEST PALM BEACH FL 33405-4402

7. Name and Address of New Registered Agent

Name
N/A

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

City
FL Zip Code

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: *Zenaida Fernandez* (NOT CHANGES) **02-05-02**
Signature, typed or printed name of registered agent and title if applicable. (NO) Registered Agent signature required when resigning. DATE

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, 2002 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 PRESIDENT | <input type="checkbox"/> Delete |
| NAME ZENAIDA FERNANDEZ | |
| STREET ADDRESS 412 HUNTER ST WPA | |
| CITY-ST-ZIP WEST PALM BEACH FL 33405 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Zenaida Fernandez* **02-05-02**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CFE034 (9/01)