

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

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90126 011 \*\*\*150.00

DOCUMENT # P01000021864

1. Entity Name

Your Transcribing Company

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4135 SW 131 Ave

3. Mailing Address

4135 SW 131 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-1110237

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Shelly Azzinaro

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

4135 SW 131 Ave.

City

Davie

FL

Zip Code

33330

**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

*Shelly Azzinaro* Shelly Azzinaro - Pres.

8/5/02

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	P.S.T.D
NAME	Shelly Azzinaro
STREET ADDRESS	4135 SW 131 Ave.
CITY-ST-ZIP	Davie, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelly Azzinaro* Shelly Azzinaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/02

Date

954-382-1991

Daytime Phone #

CR2E034B (12/01)

Attachment  
**CG Accounting Corporation**

4101 Ravenswood Road, Suite 111, Fort Lauderdale, FL 33020 (954) 327-4617 Fax (954) 327-4618

978540  
#P01000021864

August 5, 2002

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: Your Transcribing Company  
#P01000021864  
UBR - 2002**

Dear Sir/Madam,

We are the accountants for the above named taxpayer. This corporation sent in the 2002 UBR prior to 5/1/02, together with a check for \$150. Apparently, the check was misplaced at your office. We contacted the reinstatement office and were told by Marquita, to mail in a new UBR and check.

We are submitting the application together with the \$150 fee. We appreciate the abatement of the late fee.

If any additional information is needed, please contact us.

Very truly yours,  
*David Goldis*  
David Goldis

DTG/cb