

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90703 018 ***150.00

DOCUMENT # P01000030350

1. Entity Name

A & C ACCOUNTING & TAX CORPORATION

Principal Place of Business

**7320 N.W. 85TH CT., STE. 202
TAMARAC FL 33321**

Mailing Address

**7320 N.W. 85TH CT., STE. 202
TAMARAC FL 33321**

2. Principal Place of Business

5440 N.STATE RD 7

3. Mailing Address

5440 N.STATE ROAD 7

Suite, Apt. #, etc.

SUITE 219

Suite, Apt. #, etc.

SUITE 219

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

65-1093343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AMAYA, MARTHA I
7320 N.W. 85TH CT., STE. 202
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

CRUZ, SANDY PATRICIA

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

5440 N. STATE ROAD 7, SUITE 219

City

FORT LAUDERDALE

FL

Zip Code

33319

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 *Sandy Patricia Cruz* **PRESIDENT** **04/29/02**
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) ☒

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD AMAYA, MARTHA I 7320 N.W. 85TH CT., STE. 202 TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AMAYA, CARLOS E 7320 N.W. 85TH CT., STE. 202 TAMARAC FL 33321	<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	P, VP, T, S, D CRUZ, SANDY PATRICIA 7320 NW 85th CT, APT. 202 TAMARAC, FL 33319	<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
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: *Sandy Patricia Cruz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/02
Date

(954) 739-0828
Daytime Phone #

CR2E034 (9/01)