

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90164 030 ***150.00

DOCUMENT # P01000099171

1. Entity Name

PAYROLL, TAXES, AND ACCOUNTING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

831521

2. Principal Place of Business

13985 N FOREST OAK CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

13985 N FOREST OAK CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-1150817

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

- 7. Name and Address of Current Registered Agent

Name

ALICIA M. PEREZ

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

13985 N FOREST OAK CIRCLE

City

DAVIE

FL

Zip Code

33325

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 reappointing)

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
PEREZ, ALICIA M.
13985 N FOREST OAK CIRCLE
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
PEREZ, GABRIEL A.
13985 N FOREST OAK CIRCLE
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
PEREZ, BLANCA N. ☒ Delete
13985 N FOREST OAK CIRCLE
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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**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)(f), 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:  ALICIA M. PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

954-423-5345

Date

Daytime Phone #

CR2E034B (12/01)