

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000109152

1. Entity Name

Professional Accountants TAXES and Multiservices



FILED

03 AUG -5 PM 12:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5220 NW 7th Street

Suite, Apt. #, etc.

A-315

3. Mailing Address

P.O. Box 522632

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33126

Country

U.S.A

Zip

33152

Country

U.S.A

4. FEI Number

65-1154032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

José E. Morales

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

5220 NW 7th Street Apt. A-315

City

Miami

FL

Zip Code

33126

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

José E. Morales José E. Morales

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 31st - 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

Morales José E

5220 NW 7th St Apt A-315

Miami FL 33126

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVP

Morales Oscar L

5220 NW 7th Street Apt A-315

Miami, FL 33126

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

José E. Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 21/03.

Date

Daytime Phone #

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 21, 2003

PROFESSIONAL ACCOUNTANTS TAXES AND MULTISERVICES, INC.
PO BOX 522632
MIAMI, FL 33152

SUBJECT: PROFESSIONAL ACCOUNTANTS TAXES AND MULTISERVICES,
INC.

Ref. Number: P01000109152

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M. Shivers
Document Specialist

Letter Number: 503A00031687