

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90131 014 ***150.00

DOCUMENT # *P02000049222*

1. Entity Name

AT YOUR DESK BOOKKEEPING SERVICES, INC
Document: P-02000049222



DO NOT WRITE IN THIS SPACE

90138617

2. Principal Place of Business

3545 NW 11 ST

Suite, Apt. #, etc.

3. Mailing Address

3545 NW 11 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

01-0694012-230312

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JULIA PENA

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

3545 NW 11 ST

City

MIAMI

FL

Zip Code

33125

**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

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

(NOTE: Registered Agent signature required when reinstating)

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

*PIT
JULIA PENA
3545 NW 11 ST.
MIAMI, FL 33125*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*VIS
MARICEL MIRANDA
12248 SW 148 TERR
MIAMI, FL 33186*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

JULIA PENA
JULIA PENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/03

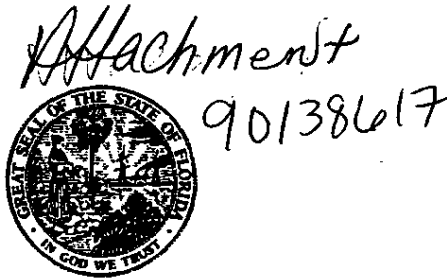
Date

P-305-608-3944

305-541-7029

Daytime Phone #

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2003

AT YOUR DESK BOOKKEEPING SERVICES, INC.
3545 NW 11 ST
MIAMI, FL 33125

SUBJECT: AT YOUR DESK BOOKKEEPING SERVICES, INC.
Ref. Number P02000049222

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: 703A00031394