

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90183 024 \*\*\*150.00

**DOCUMENT # P02000123312**

1. Entity Name  
**A.M.O. PROFESSIONAL ACCOUNTING SERVICE, INC.**



Principal Place of Business  
**6011 WEST 16TH AVENUE  
HIALEAH FL 33012**

Mailing Address  
**9139 NW 117TH STREET  
HIALEAH FL 33018**

2. Principal Place of Business

3. Mailing Address

**6011 West 16 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Hialeah FL 33012**

4. FEI Number

**71-0913807**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAPATA, MARA  
9139 NW 117 STREET  
HIALEAH GARDENS FL 33018**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **ZAPATA, MARA**  
STREET ADDRESS **9139 NW 117 STREET**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **P** ☒ Change ☐ Addition  
NAME **ZAPATA, MARA**  
STREET ADDRESS **1570 W 55 Place**  
CITY-ST-ZIP **Hialeah FL 33012**

TITLE **TR.** ☐ Delete  
NAME **BORROTO, OSMARA**  
STREET ADDRESS **220 NW 59 AVE APT0 307A**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-28-03**

Date

**305 825-0750**

Daytime Phone #

CR2E034 (4/03)

Attachment

80142527

#P02000123312

*A.M.O Professional Accounting Services, Inc.*

*6011 West 16<sup>th</sup> Avenue*

*Hialeah, FL. 33012*

*Ph: (305) 825-0750 (305) 825-2601*

---

8-25-03

To Whom It May Concern:

We did not receive a UBR to pay the fee. Our corporation was open on December 17-2002. Should we still pay the \$ 150.00 dollars?  
Our mailing address is correct but will change since August 27, 2003. Please note our new mailing address will be the same as our business address.

Thank You



Mara Zapata  
President