

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009678

1. Entity Name

M L ACCOUNTING INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90112 047 \*\*\*150.00

Principal Place of Business

Mailing Address

13228 N.W. 11TH STREET  
MIAMI FL 33182  
US

13228 N.W. 11TH STREET  
MIAMI FL 33172-6634  
US

2. Principal Place of Business

175 FONTAINEBLEAU BLVD

3. Mailing Address

10237 NW 9ST CIR

Suite, Apt. #, etc.

1R12-A

Suite, Apt. #, etc.

#110

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0372854--

Applied For

Not Applicable

Zip

33172

Country

Zip

33182

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESLEY M MALDONADO  
13228 NW 11 ST.  
MIAMI FL 33182

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

APRIL/17/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS  
NAME MALDONADO, LESLY M  
STREET ADDRESS 13228 NW 11 ST  
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE PDS ☒ Change ☐ Addition  
NAME LESLY MALDONADO  
STREET ADDRESS 10237 NW 9 ST CIR APT #110  
CITY-ST-ZIP MIAMI, FL 33182

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  
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CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL/17/00

Date

305-220-2127

Daytime Phone #

CR2E034 (9/99)