

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90002 042 ***150.00

DOCUMENT # P92000009678

1. Entity Name
M L ACCOUNTING INC.

Principal Place of Business

**175 FONTAINE BLEAU BLVD
 1R12-A
 MIAMI FL 33172
 US**

Mailing Address

**10237 NW 9 ST CIRCLE
 #110
 MIAMI FL 33182
 US**

2. Principal Place of Business

175 FONTAIBLEAU OFFICE

3. Mailing Address

10237 NW 9 ST CIR

Suite, Apt. #, etc.
1A-3

Suite, Apt. #, etc.
110

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33172

Country

Zip
33172

Country

4. FEI Number

65-0372854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LESLEY M MALDONADO
 13228 NW 11 ST.
 MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name

LESLEY M MALDONADO

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

10237 NW 9 ST CIR #110

City
MIAMI

FL Zip Code
33172

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)

01/9/002

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, 2002 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

TITLE
DST V ☐ Delete
 NAME
MALDONADO, LESLEY M
 STREET ADDRESS
10237 NW 9 ST CIR APT 110
 CITY-ST-ZIP
MIAMI FL 33172

TITLE
PD ☐ Delete
 NAME
MALDONALDO, ALBERTO E
 STREET ADDRESS
10237 NW 9ST CIR APT 110
 CITY-ST-ZIP
MIAMI FL 33172

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 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:

LESLEY M MALDONADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/9/002

Date

305-220-2127

Daytime Phone #

CR2E034 (9/01)