

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90835 027 ***150.00

DOCUMENT # P92000009678

1. Entity Name

M L ACCOUNTING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 FONTAINE BLEAU

3. Mailing Address

472 SW. 87TH PL.

Suite, Apt. #, etc.

1A-3

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

MIAMI DADE

Zip

33174

Country

MIAMI DADE

4. FEI Number

65-0372854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERTO E MALDONADO

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

472 SW. 87TH PL

City

MIAMI

FL

Zip Code
33174

**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)

2-18-03

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 **DST**
NAME **MALDONADO, LESLY M**
STREET ADDRESS **10237 NW. 9 ST. CIRC APT 110**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **DP**
NAME **MALDONADO, ALBERTO E**
STREET ADDRESS **472 SW. 87TH PL**
CITY-ST-ZIP **MIAMI, FL 33174**

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CR2E034B (12/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03-305-220-2127

Date

Daytime Phone #