

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001487

1. Entity Name

AVELLINO & BIENES ACCOUNTING SERVICES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 036 ***150.00

Principal Place of Business

6550 N. FEDERAL HIGHWAY
SUITE 240
FT. LAUDERDALE FL 33308
US

Mailing Address

6550 N. FEDERAL HIGHWAY
SUITE 240
FT. LAUDERDALE FL 33308-1400
US

2. Principal Place of Business

4750 NE 23rd Avenue

Suite, Apt. #, etc.

3. Mailing Address

4750 NE 23rd Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308-4721

Country

City & State

Fort Lauderdale, FL

Zip

33308-4721

Country

4. FEI Number

65-0378200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVELLINO, FRANK J
6550 N. FEDERAL HIGHWAY
SUITE 260
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Frank J. Avellino

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

4750 NE 23rd Avenue

City

Fort Lauderdale

FL

Zip Code

33308-4721

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

Frank J. Avellino PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	AVELLINO, FRANK J	
STREET ADDRESS	6550 N. FEDERAL HWY #260	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIENES, MICHAEL S	
STREET ADDRESS	6550 N. FEDERAL HWY #260	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK J. AVELLINO	
STREET ADDRESS	4750 NE 23rd AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENES, MICHAEL S	
STREET ADDRESS	4750 NE 23rd AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Frank J. Avellino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

954-776-7141

Daytime Phone #

CR2E034 (9/99)