

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004994

1. Entity Name

ACCOUNTING AUTOMATION +, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90007 014 ***150.00

Principal Place of Business

1250 E HALLANDALE BLVD
STE 507
HALLANDALE FL 33009
US

Mailing Address

20100 W. COUNTRY CLUB DRIVE
APT. 205
MIAMI FL 33180
US

2. Principal Place of Business

3640 YACHT CLUB DR.
Suite, Apt. #, etc.
1101

3. Mailing Address

3640 YACHT CLUB DR.
Suite, Apt. #, etc.
1101

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip
33180-3572

Country

Zip
33180-3572

Country

4. FEI Number

65-0460661

Applied For

Not Applicable

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

TERREMARK CORPORATE AGENTS INC.
2601 SOUTH BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

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)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAR, HANA
20100 W. COUNTRY CLUB DR. BONAVIDA, #205
AVENTURA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADAR HANA
3640 YACHT CLUB DR. # 1101
AVENTURA FL 33180-3572

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

H. ADAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

954 454-9994

Daytime Phone #

CR2E034 (10/00)