

DOCUMENT # P94000040698
1. Entity Name
B.R. ACCOUNTING SERVICE CORP.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90148 019 ***150.00

Principal Place of Business Mailing Address
704 S.W. 17 AVE., SUITE 3 704 S.W. 17 AVE., SUITE 3
MIAMI FL 33135 MIAMI FL 33135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-1768798** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
ROMERO, MARIO I
13155 ARCH CREEK TERR
N MIAMI FL 33181

7. Name and Address of New Registered Agent
Name
IVAN ROMERO
Street Address (P.O. Box Number is Not Acceptable)
540 BRICKELL KEY DR. APT. 209
City **MIAMI** FL Zip Code **33131**

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 *Ivan Romero* **IVAN ROMERO** 01/05/01
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
TITLE PT ☒ Delete
NAME **ROMERO, MARIO I**
STREET ADDRESS **13155 ARCH CREEK TERR**
CITY-ST-ZIP **N MIAMI FL 33181**
TITLE ST ☐ Delete
NAME **ROMERO, IVAN**
STREET ADDRESS **540 BRICKELL KEY DR STE 209**
CITY-ST-ZIP **MIAMI FL 33131**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD ☐ Change ☐ Addition
NAME **ROMERO IVAN**
STREET ADDRESS **540 BRICKELL KEY DR. STE. 209**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**
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
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: *Ivan Romero* **IVAN ROMERO-SECRETARY** 01-05-01 (305)643-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)