

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90012 032 ***150.00

0202510

DOCUMENT # P94000071133

1. Entity Name
AMERICAN ACCOUNTING, INC.

Principal Place of Business
17001 N.E. 6TH AVE.
NORTH MIAMI BEACH FL 33162

Mailing Address
~~17001 N.E. 6TH AVE~~
NORTH MIAMI BEACH FL 33162
1

2. Principal Place of Business
20810 W. Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address
20810 W. Dixie Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
No Miami Beach FLA
 Zip
33180
 Country
DODC

City & State
No Miami Beach
 Zip
FLA
 Country
3

4. FEI Number **65-0557650**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOCOL, STUART
2011 N.E. 211TH STREET
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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

TITLE
PD
 NAME
SOCOL, STUART
 STREET ADDRESS
2011 N.E. 211TH STREET
 CITY-ST-ZIP
NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE
VP
 NAME
SOCOL, IRIS
 STREET ADDRESS
2011 N.E. 211TH STREET
 CITY-ST-ZIP
N. MIAMI BEACH FL 33179

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Daytime Phone #

CR2E034 (10/00)