

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P940000 90016*

1. Entity Name

Accounting and Tax Consultants, of Florida, Inc

Principal Place of Business

224 Commercial Blvd.
Suite 200
Lauderdale by the Sea
FL 33308

Mailing Address

224 commercial Blvd.
Suite 200
Lauderdale by the Sea
FL 33308

2. Principal Place of Business

224 Commercial Blvd.
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

224 Commercial Blvd.
Suite, Apt. #, etc.
Suite 200

City & State

Laud by the Sea, FL

City & State

Laud by the Sea, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-6163682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Eavender, Joel R.
507 South East 11th Court
Fort Lauderdale, FL 33316

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, 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 PSTD ☐ Delete
NAME Cobo, Joseph M.
STREET ADDRESS 224 Commercial Blvd., #200
CITY-ST-ZIP Laud by the Sea, FL 33308

TITLE D ☐ Delete
NAME Meilan, Mayra
STREET ADDRESS 224 Commercial Blvd., #200
CITY-ST-ZIP Laud by the Sea, FL 33308

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 ☐ 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 012 ***150.00

769139

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)