

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024705

1. Entity Name

ACCOUNTING CENTER FOR SMALL BUSINESS, INC.

Principal Place of Business

5827 DAHLIA DR
ORLANDO FL 32807
US

Mailing Address

814 OLD BARN RD
ORLANDO FL 32807-3238
US

2. Principal Place of Business

100 S. SENDRON Blvd

3. Mailing Address

100 S SENDRON Blvd

Suite, Apt. #, etc.

Ste. B

Suite, Apt. #, etc.

Ste B

City & State

Orlando FL

City & State

Orlando, FL

Zip

32807

Country

ORANGE

Zip

32807

Country

ORANGE

6. Name and Address of Current Registered Agent

RIVERA, EVELINDA
814 OLD BARN RD
ORLANDO FL 32825

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

1-15-2000

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: Vice-President
NAME: CINTRON, FREDRICK
STREET ADDRESS: 814 OLD BARN RD
CITY-ST-ZIP: ORLANDO FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Vice-President
NAME: FREDERICK CINTRON
STREET ADDRESS: 608 Cedar Forest Circle
CITY-ST-ZIP: ORLANDO FL 32828
☐ Change ☐ Addition

TITLE: President
NAME: EVELINDA RIVERA
STREET ADDRESS: 608 Cedar Forest Circle
CITY-ST-ZIP: ORLANDO, FL 32828
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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NAME:
STREET ADDRESS:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2000 (407) 281-0221



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)