

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90040 042 ***550.00

DOCUMENT # P96000060275

1. Entity Name

AAA ACCOUNTING GROUP, INC.

Principal Place of Business

Mailing Address

**275 FONTAINEBLEAU BLVD., SUITE 130
MIAMI FL 33172**

**275 FONTAINEBLEAU BLVD., SUITE 130
MIAMI FL 33172-4500**

2. Principal Place of Business

4806 NW 98th PL

3. Mailing Address

4806 NW 98th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33178

City & State

MIAMI, FL 33178

Zip

33178

Country

US

Zip

33178

Country

US

4. FEI Number

65-0684470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROMEU, ALFONSO

**275 FONTAINEBLEAU BLVD., SUITE 130
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

CARLOS ROMEU

Street Address (P.O. Box Number is Not Acceptable)

4806 NW 98th PL

City

MIAMI

FL

Zip Code

33178

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

Carlos ROMEU

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 15, 2000

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	DVP	<input type="checkbox"/> Delete
NAME	ROMEU, ALFONSO	
STREET ADDRESS	121 NW 85 PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROMEU, CARLOS	
STREET ADDRESS	4806 NW 98TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMEU, A	
STREET ADDRESS	121-NW 85-PL	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4806 NW 98th PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4806 NW 98th PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTA ROMEU	
STREET ADDRESS	4806 NW 98th PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carlos ROMEU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2000 (305) 471 5999

Date

Daytime Phone #

CR2E034 (9/99)