

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90108 022 ***150.00

DOCUMENT # P96000086840

1. Entity Name

ACCUTAX PLUS ACCOUNTING ASSOCIATES, INC.

Principal Place of Business

**1409 SE 10TH PL
CAPE CORAL FL 33990**

Mailing Address

**1409 SE 10TH PL
CAPE CORAL FL 33990**

2. Principal Place of Business

6039 Collins Avenue

3. Mailing Address

PO BOX 402007

Suite, Apt. #, etc.

Suite # 801

Suite, Apt. #, etc.

**City & State
Miami Beach, Florida**

**City & State
Miami Beach, Florida**

4. FEI Number **65-0703335**

Applied For

Not Applicable

Zip
33140

Country
USA

Zip
33140

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULTRERA, GILLY S
1409 SE 10TH PL
CAPE CORAL FL 33990**

Name **Gilly S Cultrera**

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

6039 Collins Avenue, Suite #801

City **Miami Beach**

FL

Zip Code
33140

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

Gilly S Cultrera

Gilly S Cultrera

01/10/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CULTRERA, JENNIFER**
STREET ADDRESS **1409 SE 10TH PL**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **Director** ☒ Change ☐ Addition
NAME **Cultrera, Jennifer**
STREET ADDRESS **6039 Collins Avenue, Apt. Suite #801**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **D** ☐ Delete
NAME **CULTRERA, JOSEPH**
STREET ADDRESS **P.O. BOX 5059 N/A**
CITY-ST-ZIP **WEST NEW YORK NJ**

TITLE **Director** ☒ Change ☐ Addition
NAME **Cultrera, Joseph**
STREET ADDRESS **PO Box 5059**
CITY-ST-ZIP **West New York, NJ 07093**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jennifer L Cultrera

JENNIFER L. CULTRERA

01/10/2001 (305) 861-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)