

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90128 001 ***150.00

DOCUMENT # P96000091042

1. Entity Name

ACCOUNTING MANAGEMENT ADVISORS, INC.

Principal Place of Business

**4175 S. CONGRESS AVE
 SUITE J
 LAKE WORTH FL 33461**

Mailing Address

**4175 S. CONGRESS AVE
 SUITE J
 LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0703616**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THIBAUT, JOAN L
 4175 S. CONGRESS AVE
 SUITE J
 LAKE WORTH FL 33461**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	<input type="checkbox"/> Delete
NAME	THIBAUT, JOSEPH L	
STREET ADDRESS	320 N DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THIBAUT, JOAN L.	
STREET ADDRESS	320 N DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2001

Date

561-357-8885

Daytime Phone #

0090363 AV

CR2E034 (5/01)

Accounting Management Advisors, Inc.

Established Since 1968

Congress Square, Ste J

4175 South Congress Ave

Lake Worth, FL 33461

Tel (561) 357-8885 Fax (561) 357-9112

Attachment

P96000001042

COO 78900

Trusts
Wills
Estates

Income Taxes
Accounting
Business Consulting

July 6th, 2001

Department of State Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Attn: Annual Report Section

Re: Accounting Management Advisors Inc
Document # P96000091042

Gentlemen:

Please find enclosed our check in the amount of \$ 150.00, representing the annual report fee for the subject entity.

For your information, I get very emphatic with the clients about mailing their annual reports without delay, in view of the penalties. Your records will show we file the report timely. -


For your perusal, enclosed are documents attesting to the hardship this office went through early this year.

On January 3rd we hired a new employee to handle all the front office and administrative work, only to find out shortly thereafter she had a serious drug problem ; she may have misplaced or discarded the original annual report. She was terminated the first week of February 2001.

In addition, our office, at times, advances payments to your Department on behalf of clients, as evidenced by the attached copy of our check, which was taken to be the payment for our annual report.

We hope you will give this letter your kind consideration, and your abating the penalty.

Yours Truly.


George Boutro

Accounting Management Advisors, Inc.
4175 S Congress Ave, Ste J
Lake Worth, FL 33461

Attachment

2652

63-643/670
BRANCH 13095

P 9100000091042

DATE February 2nd, 2001

PAY TO THE
ORDER OF

Department of State - Division of Corporation

\$ 78⁷⁵/₁₀₀

SEVENTY EIGHT + 75/100

DOLLARS

FIRST
UNION

First Union National Bank

R/T 067006432

FOR CARVAN CLEANING SERVICE INC

Jose Bonito

⑈002652⑈ ⑆067006432⑆ 2090001429847⑈ ⑈0000007875⑈

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Trusts
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Attachment

PAID 0000091042

COO 12900

April 26th, 2001

Internal Revenue Service
Atlanta, GA 39901

Re: Tax Period December 31, 2001

Gentlemen:

On April 14th, 2001 an extension was filed for this tax return, and the delivery confirmation in our possession.

For your information, on 10/29/2000 our office was burglarized and our computers and equipment stolen. Most of the balance of the year was taken up to regenerate our tax history for 1999 from hard copies. On 1/3/2001, my old 87 caddillac was stolen for parts. To make matters worse, on 2/1/2001 at the height of the tax season, my associate informed me he could no longer work due to a congestive heart failure. I was the only one left here to complete the work.

In view of the indicated hardship I am pleading for your kind understanding in abating the penalties.

This cover letter will be a part of the late returns in order to make the Internal Revenue Service aware of the unfortunate circumstances.

Thanking you beforehand for the help you granted me over the years,

yours truly.

George Boutro

Attachment C0078900

ROBERT W. NEUMANN
PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681
(561) 688-3000

DATE: 10-28-00 TIME: 12 noon PISO CASE REPORT #: 00-144174
SIGNAL #: 213 TYPE OF OFFENSE: BURGLARY / BUSINESS
REPORTING OFFICER: D/S JOHN LEDFORD ID #: 3325
OFFICER'S TELEPHONE #: (561) 688-3600 DIST./BUREAU/SECTION: I / PATROL

FOR INFORMATION REGARDING THE SERVICES AVAILABLE TO YOU AS A CRIME VICTIM OR WITNESS REFER TO THE REVERSE SIDE OF THIS FORM. If you have any further questions regarding these referral services, please contact the Palm Beach Sheriff's Office Victim/Witness Coordinator at (561) 688-3974.

1. To be informed of local victim treatment programs.
2. To be informed, present and heard at all crucial stages of the criminal or juvenile justice proceeding, and to be told how to participate in these proceedings.
3. To be informed about the availability of Victim Compensation.
4. To be protected from intimidation.
5. To submit a victim impact statement.
6. To seek restitution from the offender.
7. To be notified of a hearing that concerns the offender's release or communication.
8. To be informed of the offender's status when the offender is incarcerated.
9. To a prompt and timely disposition.
10. To be consulted by the State Attorney.
11. To be notified upon an escape of the offender from a state correctional facility by the State Attorney.
12. To request a victim advocate to attend depositions.
13. To be notified in advance, if possible, of the release of the offender.
14. To be notified of an arrest of an accused.
- 15.

VICTIM WITNESS

PALM BEACH COUNTY SHERIFF'S OFFICE
VEHICLE/TRAILER/VESSEL/ENGINE/AIRCRAFT THEFT AFFIDAVIT

attachment
P9100000091042
C0078900
01-021275

STATE OF FLORIDA
COUNTY OF PALM BEACH

PBSO CASE # 01-021275

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED

Boutro, George
(AFFIANT)

WHO FIRST BEING DULY SWORN AND PLACED UNDER OATH, STATES THAT THE FOLLOWING DESCRIBED:

(CHECK WHAT APPLIES) ☒ VEHICLE ☐ TRAILER ☐ VESSEL ☐ ENGINE ☐ AIRCRAFT
WAS TAKEN, STOLEN OR CARRIED AWAY FROM THE POSSESSION, CUSTODY OR CONTROL OF THE AFFIANT ON
THE 4th DAY OF Jan 2001 FROM THE

LOCATION OF 3138 Via Poinciana "Lk Worth Fl

IN THE COUNTY OF PALM BEACH, STATE OF FLORIDA. THIS PROPERTY WAS TAKEN WITHOUT MY CONSENT AND HAS RESULTED IN A TEMPORARY OR PERMANENT DEPRIVATION OF MY RIGHT TO THE PROPERTY OR BENEFIT THEREFROM. THE AFFIANT IS THE OWNER OF THE PROPERTY CHECKED ABOVE AND WILL PROSECUTE THE OFFENDER IF APPREHENDED.

AT THE TIME THE FOLLOWING DESCRIBED PROPERTY WAS STOLEN OR OTHERWISE REMOVED, IT HAD A VALUE OF \$ 3,500.00 U.S. CURRENCY.

☒ **VEHICLE**

YEAR: 87 MAKE: Cadillac MODEL: 4DR COLOR: Blue TAG #: E95-L4A
TAG YEAR: 01 STATE: FL VIN: 1G6DW51Y649750918 TTY#: 1 PBCO: 144

☐ **TRAILER**

YEAR: _____ MAKE: _____ LENGTH: _____ COLOR: _____ TAG #: _____
TAG YEAR: _____ STATE: _____ VIN: _____ TTY#: _____ PBCO: _____

☐ **VESSEL** ☐ **AIRCRAFT**

YEAR: _____ MAKE: _____ MODEL: _____ LENGTH: _____ COLOR: _____
HIN/SERIAL#: _____ REGISTRATION #: _____ TTY#: _____ PBCO: _____

☐ **ENGINE** ☐ **OUTBOARD** ☐ **INBOARD** ☐ **INBOARD/OUTBOARD**

YEAR: _____ MAKE: _____ HORSEPOWER: _____ COLOR: _____
SERIAL #: _____ OUTDRIVE SERIAL #: _____ TTY#: _____ PBCO: _____

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 4th DAY OF JAN 2001

George Boutro
(SIGNATURE OF AFFIANT)

SIGNATURE OF NOTARY PUBLIC/OFFICER (\$117.10)

☐ PERSONALLY KNOWN TO ME, ☒ OR PRODUCED IDENTIFICATION TYPE OF I.D. FL DIL