

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019762

1. Entity Name

DEL ACCOUNTING SERVICES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90087 024 ***150.00

Principal Place of Business

Mailing Address

22521 SW 66TH AVENUE
416A
BOCA RATON FL 33428
US

22521 SW 66TH AVE
416A
BOCA RATON FL 33442-7694
US

2. Principal Place of Business

3. Mailing Address

1086 S MILITARY #102

Suite, Apt. #, etc.

DEERFIELD BEACH

City & State

FLORIDA

Zip

33442

Country

BRUNAND



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0732145

Applied For

Not Applicable

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

YANKWITT, ERIC
22521 SW 66TH AVE
APT 416A
BOCA RATON FL 33428

Name

ERIC YANKWITT

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

1086 S MILITARY TRL #102

DEERFIELD BEACH

FL

Zip Code

33442

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.

1/9/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YANKWITT, ERIC	
STREET ADDRESS	22521 SW 66TH AVE APT 416A	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1086 S MILITARY TRL #102
STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)