

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90227 025 \*\*\*150.00

05-06-2002 90227 025 \*\*\*150.00

**DOCUMENT # P97000056033**

1. Entity Name  
**ACCURATE SERVICES INSTALLATION, INC.**

**Principal Place of Business**

**10413 S W 153RD STREET  
 MIAMI FL 33157  
 US**

**Mailing Address**

**10413 S W 153RD STREET  
 MIAMI FL 33157  
 US**

BUU01200



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**13311 SW 135 Av.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**13311 SW 135 Av.**  
 Suite, Apt. #, etc.

**City & State**

**Miami FL**

**City & State**

**FL - Miami**

**4. FEI Number**

**65-0818240**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, NEY DE JESUS  
 10413 S W 153RD STREET  
 MIAMI FL 33157**

**7. Name and Address of New Registered Agent**

**Name**

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

**13311 SW 135 AV.**

**City**

**Miami**

**FL**

**Zip Code**

**33186**

**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 \$150.00  
 After May 1, 2002 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** **VD** ☐ Delete  
**NAME** **HERNANDEZ, NEY DE JESUS**  
**STREET ADDRESS** **10413 S W 153RD STREET**  
**CITY-ST-ZIP** **MIAMI FL 33159**

**TITLE** **PD** ☐ Delete  
**NAME** **HERNANDEZ, NILSON O**  
**STREET ADDRESS** **10413 S W 153RD STREET**  
**CITY-ST-ZIP** **MIAMI FL 33157**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** **Vice President**  
**STREET ADDRESS** **13311 SW 135 AV**  
**CITY-ST-ZIP** **Miami FL 33186**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **13311 SW 135 AV.**  
**CITY-ST-ZIP** **Miami FL 33186**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/02**

**(305) 251-5851**

Daytime Phone #

CR2E034 (9/01)