

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90071 026 \*\*\*150.00

**DOCUMENT # P97000056033**



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

Principal Place of Business  
**13311 SW 135 AVENUE  
MIAMI FL 33186  
US**

Mailing Address  
**13311 SW 135 AVENUE  
MIAMI FL 33186  
US**



2. Principal Place of Business  
**13311 SW 135 Av.**

3. Mailing Address  
**13311 SW 135 Av.**

Suite, Apt. #, etc. **-**

CHECK HERE IF MAKING CHANGES

City & State  
**Miami ; FL.**

City & State  
**Miami ; FL.**

Zip Country  
**33186 U.S.A.**

Zip Country  
**33186 U.S.A.**

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  
13311 SW 135 AVENUE  
MIAMI FL 33186**

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

Name **Hernandez Ney de Jesus**

Street Address (P.O. Box Number is Not Acceptable)  
**13311 SW 135 AVENUE**

City **Miami** State **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **3/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HERNANDEZ, NEY DE JESUS 13311 SW 135 AVENUE MIAMI FL 33186</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HERNANDEZ, NILSON O 13311 SW 135 AVENUE MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Hernandez Ney de Jesus SAME SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Hernandez Nilson O. SAME SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Ney de Jesus Hernandez 13311 SW 135 Av. MIAMI FL 33186</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

Date **3/19/03** Daytime Phone #

CR2E034 (10/02)