

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082972

1. Entity Name

MASTER ACCOUNTANTS, P.A.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90009 046 \*\*\*150.00

Principal Place of Business

3800 NW 7TH STREET SUITE 201  
MIAMI FL 33126

1850 S.W. 8th #204-A  
MIAMI, FL 33135

Mailing Address

3800 NW 7TH STREET SUITE 201  
MIAMI FL 33126

1850 S.W. 8th #204-A  
MIAMI, FL 33135

2. Principal Place of Business

1850 S.W. 8th

3. Mailing Address

1850 S.W. 8th

Suite, Apt. #, etc.

#204-A

Suite, Apt. #, etc.

204 A

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-0785811

Applied For

Not Applicable

Zip

Country

33135

MIAMI-DADE

Zip

Country

33135

MIAMI-DADE

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.

MARTIN, ROSA V  
3800 N.W. 7th #201  
MIAMI FL 33126

Name

MARTA BU

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

1850 S.W. 8th #204-A

City

MIAMI

FL

Zip Code

33135

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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	PD	<input type="checkbox"/> Delete
NAME	MARTA, BU	
STREET ADDRESS	3800 N.W. 7th #202	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*

MARTA BU

4/26/01

305-541-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)