

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091745

1. Entity Name

ACCOUNTING SOLUTION GROUP INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90872 034 ***150.00

Principal Place of Business

1800 WEST 49TH STREET
SUITE 213
HIALEAH FL 33012

Mailing Address

1800 WEST 49TH STREET
SUITE 213
HIALEAH FL 33012-2946

2. Principal Place of Business

1790 WEST 49TH STREET

3. Mailing Address

1790 WEST 49TH STREET

Suite, Apt. #, etc.

SUITE 217

Suite, Apt. #, etc.

SUITE 217

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

Zip

33012

Country

4. FEI Number

65-0791352

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

VAZQUEZ, ERICK
1800 W. 49 STREET
SUITE 213
HIALEAH FL 33012

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	JALIL, ROCIO	1800 W. 49 ST, SUITE 213	HIALEAH FL 33012	<input checked="" type="checkbox"/>						
PD	VAZQUEZ, ERICK	1800 W. 49 ST, SUITE 213	HIALEAH FL 33012	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/10

Date

512-2825

Daytime Phone #

CR2E034 (9/99)