

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091745

1. Entity Name
ACCOUNTING SOLUTION GROUP INC.

Principal Place of Business
1800 WEST 49TH STREET
SUITE 213
HIALEAH FL 33012

Mailing Address
1800 WEST 49TH STREET
SUITE 213
HIALEAH FL 33012

2. Principal Place of Business
1790 WEST 49TH STREET
SUITE 217
HIALEAH FL
33012

3. Mailing Address
1790 WEST 49TH STREET
SUITE 217
HIALEAH FL
33012

4. FEI Number 65-0791352

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VAZQUEZ, ERICK
1800 W. 49 STREET
SUITE 213
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name VAZQUEZ ERICK
Street Address 1790 WEST 49 ST. SUITE 217
City HIALEAH FL 33012

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]* (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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90143 040 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)