

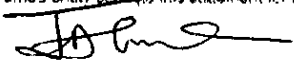
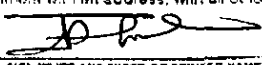
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 004 ***150.00

B0088897

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000011711			
1. Entity Name ACCURATE ACCOUNTING & FINANCIAL SERVICES INC.			
Principal Place of Business 51 NE 184 TERR. MIAMI FL. 33179		Mailing Address SAME	
2. Principal Place of Business 51 NE 184 TERR		3. Mailing Address 51 NE 184 TERR	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI, FL.	
4. FEI Number 65-0810303		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH A. OWANIKIN 51 NE 184 TERR MIAMI FL. 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  JOSEPH A. OWANIKIN		4-28-2000	
Signature typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when filing change.) DATE	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		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-STATE-ZIP	PRESIDENT ☐ Delete BOCARINWA O. OWANIKIN 51 NE 184 TERR MIAMI FL. 33179	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT ☐ Delete JOSEPH A. OWANIKIN 51 NE 184 TERR, MIAMI FL. 33179	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or changes, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  JOSEPH A. OWANIKIN		4/28/00 (305) 655-2286	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	