

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90031 038 ***150.00

DOCUMENT # P98000011711

1. Entity Name

ACCURATE ACCOUNTING & FINANCIAL SERVICES, INC.

Principal Place of Business

51 NE 184 TERR
 MIAMI FL 33179

Mailing Address

51 NE 184 TERR
 MIAMI FL 33179-4435

2. Principal Place of Business

633 NE 167 ST.

3. Mailing Address

633 NE 167 ST.

Suite, Apt. #, etc.

SUITE 916

Suite, Apt. #, etc.

SUITE 916

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

Zip

FL

Country

USA

Zip

33179

Country

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

OWANIKIN, JOSEPH A
 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

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 OWANIKIN, BOLA
 20451 NW 2ND AVE
 MIAMI FL 33169 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 OWANIKIN, JOSEPH A
 51 NE 184 TERR
 MIAMI FL 33179 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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)(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:

NOTARIAL SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-2001 (305) 652-0832

CR2E034 (9/99)