

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000067935**

1. Entity Name
ACCT, INC.

Principal Place of Business

2299 Douglas Road, Suite 202-B
Miami, Florida 33145

Mailing Address

2299 Douglas Road, Suite 202-B
Miami, Florida 33145

2. Principal Place of Business

2299 DOUGLAS RD
SUITE 202-B
MIAMI

3. Mailing Address

2299 DOUGLAS RD
SUITE 202-B
MIAMI

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0868354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLOSIMO, ARMANDO
300 S. POINT DR., #605
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

ARMANDO COLOSIMO

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

3644 SAINT GARDENS RD

City

MIAMI

FL

Zip Code

33133

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 reinstalling)

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. ARMANDO
COLOSIMO, ARMANDO
300 S. POINT DR., #605
MIAMI BEACH FL 33139

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3644 SAINT GARDENS RD
MIAMI FL 33133

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2001

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90499 016 ***150.00

101400



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)