

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2000 8:00 am**
Secretary of State

05-10-2000 90100 029 ***150.00

DOCUMENT # P98000082995

1. Entity Name

BOOKKEEPING & MORE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1945 ADAMS ST., APT. REAR
HOLLYWOOD FL 330201945 ADAMS ST., APT. REAR
HOLLYWOOD FL 33020-5419

2. Principal Place of Business

3. Mailing Address

8780 Taft Street
Suite, Apt. #, etc.8780 Taft Street
Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Country

Zip

Country

33024 Broward

33024 Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBINO-GONZALEZ, SHEELAGH P
1945 ADAMS ST., APT. REAR
HOLLYWOOD FL 33020

Name

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

8780 Taft Street

Pembroke Pines

FL

Zip Code
33024

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 State10. 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 type="checkbox"/> Delete
	D	ALBINO-GONZALEZ, SHEELAGH P	1945 ADAMS ST., APT. REAR HOLLYWOOD FL 33020	<input type="checkbox"/>
	VP	GONZALEZ, RAUL	1445 ADAMS ST APT REE HOLLYWOOD FL 33020	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

954-559-3824

CR2E034 (9/99)