

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096370

1. Entity Name

PRO ACCOUNTING SERVICE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90927 003 ***150.00

Principal Place of Business

Mailing Address

6508 KENDALE LAKES DR. #502
 MIAMI FL 33183

6508 KENDALE LAKES DR. #502
 MIAMI FL 33183-1814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0880382**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILLOCH, JAIME
6508 KENDALE LAKES DR. #502
MIAMI FL 33183

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
BILLOCH, JAIME L
6508 KENDALL LAKES DR #502
MIAMI FL 33-1863

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
ALEGAR, MARIUZ
1050 NW - 128 CT
MIAMI FL 33182

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
Billoch, Mariuz
6508 KENDALE LAKES DR #502
Miami, FL. 33183
☒ Change ☐ Addition

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 CITY-ST-ZIP
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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

4-28-00

Date

305 385-9740

Daytime Phone #

CR2E034 (9/99)