

"2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90017 031 ***150.00

DOCUMENT # P99000003153

1. Entity Name
ACCOUNTING INTERNATIONAL CORP.

Principal Place of Business

**15235 S.W. 48 TERRACE
UNIT C-85
MIAMI FL 33185**

Mailing Address

**15235 S.W. 48 TERRACE
UNIT C-85
MIAMI FL 33185**

2. Principal Place of Business

10131 SW 154 Circle

3. Mailing Address

10131 SW 154 Circle

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

MIA FL

City & State

MIA FL

Zip

33196

Country

Zip

33196

Country

4. FEI Number

65-0888075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, MIRIAM E
15235 S.W. 48 TERRACE
UNIT C-85
MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name

GONZALEZ, MIRIAM E

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

10131 SW 154 Circle

#107

City

MIAMI

FL

Zip Code

33196

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, 2002 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

**PVPD
GONZALEZ, MIRIAM
15235 SW 48TH TERR C-85
MIAMI FL 33185**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVPD
MIRIAM E GONZALEZ
10131 SW 154 Circle
#107 MIAMI FL 33196**

☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIRIAM E GONZALEZ
4/17/02 786-261-8761

CR2E034 (9/01)