

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005542

1. Entity Name

FD-ACCOUNTING & TAX SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90181 018 ***158.75

Principal Place of Business

Mailing Address

925 NE 199TH #207
 MIAMI FL 33179

925 NE 199TH #207
 MIAMI FL 33179-5830

2. Principal Place of Business

3. Mailing Address

P.O. Box 5485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State MIAMI BEACH - FL --

Zip

Country

Zip 33141

Country USA

4. FEI Number

0983219
 - 65 -

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name FILIPE A. ESPINDOLA

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

925 NE 199TH ST. # 207

City MIAMI

FL

Zip Code 33179

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

02/28/2000

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 PD
 NAME ESPINDOLA, FILIPE A
 STREET ADDRESS 925 NE 199TH #207
 CITY-ST-ZIP MIAMI FL 33179 ☐ Delete

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

TITLE VD
 NAME CAMARGO, DOUGLAS
 STREET ADDRESS 925 NE 199TH #207
 CITY-ST-ZIP MIAMI FL 33179 ☐ Delete

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2000 (305) 493.1794

Date

Daytime Phone #

CH2E034 (9/99)