

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State
 03-10-2000 90002 007 ***150.00

DOCUMENT # P99000006115

i. Entity Name
ACCSYS OF AMERICA INC.

Principal Place of Business

Mailing Address

~~13550 S.W. 88TH ST.~~
~~MIAMI FL 33187~~

~~13550 S.W. 88TH ST.~~
~~SUITE 210~~
~~MIAMI FL 33186~~

00001001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13550 S.W. 88 ST.

3. Mailing Address

13550 S.W. 88 ST.

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE # 210

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

62-0888610

Applied For

Not Applicable

Zip

33186

Country

U.S.A

Zip

33186

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, ERNESTO
7345 S.W. 21ST STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><input checked="" type="checkbox"/> Delete</p> <p>SABALLO, FIDEL O 13550 S.W. 88TH ST. MIAMI FL 33187</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>President Roberto M. Arguello 13550 S.W. 88TH ST. MIAMI FL 33186</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>PRESIDENT ROBERTO M. ARGUELLO 13550 S.W. 88 ST. SUITE # 210 MIAMI, F.L. 33186</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:

Fidel O. Saballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000

DATE

(305) 385-5450

DAYTIME PHONE #

CR2E034 (9/99)