

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90237 027 ***150.00

DOCUMENT # P99000011157

1. Entity Name
RALPH ACEVEDO INTERIORS, INC.

Principal Place of Business

**1815 GRIFFIN RD.
 SUITE 103
 DANIA BEACH FL 33004**

Mailing Address

**1815 GRIFFIN RD.
 SUITE 103
 DANIA BEACH FL 33004**

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 **65-0893764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, RALPH 1815 GRIFFIN RD. DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, LINDA 1815 GRIFFIN RD. DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)

Attachment + Doc #

P9900001157/607574

Eskay Accounting Service, Inc.
1821 Lee Street
Hollywood, FL 33020

Phone: (954) 924-1571
Fax: (954) 924-1573

TAX RETURN

- ☐ EMPLOYERS QUARTERLY FED TAX RETURN (FORM 941)
☐ EMPLOYERS QUARTERLY STATE TAX & WAGE REPORT (UCT-6)
☐ EMPLOYERS ANNUAL FED UNEMPLOYMENT TAX RETURN (FORM 940)
☐ DEPOSITORY COUPON
☐ US CORPORATION INCOME TAX RETURN (FORM 1120)
☐ US INCOME TAX RETURN FOR AN S-CORPORATION (FORM 1120-S)
☐ FLORIDA CORPORATE INCOME/FRANCHISE AND EMERGENCY EXCISE TAX RETURN (FORM 1120 F)
☒ 2002 UNIFORM BUSINESS REPORT (UBR)

DUE DATE / TAX DUE

- ☒ ON OR BEFORE April 30th 400.00 PENALTY AFTER MAY 1
☐ \$ _____ PAYABLE TO UNITED STATES TREASURY
☐ \$ _____ PAYABLE TO FLORIDA U.C. FUND
☐ \$ _____ PAYABLE TO A COMMERCIAL BANK OR A FEDERAL RESERVE BANK. REMITTANCE SHOULD BE ACCOMPANIED BY A COUPON FROM THE BOOK (FORM 8109)
☒ \$ 150.00 PAYABLE TO DEPARTMENT OF STATE

THE RETURN SHOULD BE SIGNED AT THE BOTTOM OF THE PAGE BY ONE OF THE OFFICERS

MAILING INSTRUCTIONS

- ☐ INTERNAL REVENUE SERVICE, ATLANTA, GA 39901
☐ STATE OF FL, DEPT OF LABOR & UNEMPLOYMENT SECURITY, DIVISION OF UNEMPLOYMENT COMPENSATION, BUREAU OF TAX, TALLAHASSEE, FL 32399-0212
☐ FLORIDA DEPT OF REVENUE, CARLTON BUILDING, TALLAHASSEE, FL 32399
☒ ENVELOPE ENCLOSED

☒ PLEASE INSERT YOUR EMPLOYER IDENTIFICATION NUMBER ON THE FACE OF YOUR CHECK AND ALSO INDICATE THE FORM # AND THE QUARTER THAT IS BEING PAID. DON'T FORGET TO SIGN, DATE & MAIL.