

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028243

1. Entity Name

ACCOUNT INTERNATIONAL CORP.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90042 044 ***150.00

Principal Place of Business
1516 E. COLONIAL DR., STE 102
ORLANDO FL 32803-4733

Mailing Address
1516 E. COLONIAL DR., STE 102
ORLANDO FL 32803-4733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3570053**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

TORO, RUBEN D
7345 SAND LAKE RD., STE. 201
ORLANDO FL 32819

Name **Fernanda Portigliatti**
Street Address (P.O. Box Number is not acceptable) **6131 Saint Ives Blvd**
City **Orlando** FL Zip **32819**

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 *Fernanda Portigliatti*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-11-2001

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, 2001 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** ☐ Delete
NAME **PORTIGLIATTI, PINTONIO**
STREET ADDRESS **6131 SAINT IVES BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **President** ☒ Change ☐ Addition
NAME **Antonio B. Portigliatti**
STREET ADDRESS **6131 Saint Ives Blvd.**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **VPD** ☐ Delete
NAME **WAISSMANN, LUIZ**
STREET ADDRESS **10086 BRANDON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE **TSD** ☒ Delete
NAME **WAISSMANN, LUIZ**
STREET ADDRESS **10086 BRANDON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Cleide Jane Weissmann**
STREET ADDRESS **8761 Aligre Circle**
CITY-ST-ZIP **Orlando, FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Paulo R. Maia**
STREET ADDRESS **5720 PGA Blvd. Apt. 521**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.2001

Date

407-898-1757

Daytime Phone #

CR2E034 (10/00)