

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90075 020 ***150.00

0096104 AV

DOCUMENT # P99000028243

1. Entity Name
ACCOUNT INTERNATIONAL CORP.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

~~PORTIGLIATTI, FERNANDA~~
~~6131 SAINT IVES BOULEVARD~~
~~ORLANDO FL 32819~~

Name
PORTIGLIATTI FERNANDA

Street Address (P.O. Box Number is Not Acceptable)
6131 SAINT IVES BLVD.

City
ORLANDO

FL

Zip Code
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*

02/15/02

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
PD
PORTIGLIATTI, ANTONIO
6131 SAINT IVES BLVD
ORLANDO FL 32819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PORTIGLIATTI ANTONIO
6131 SAINT IVES BLVD
ORLANDO - FL 32819 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WAISSMANN, GLEIDE J
8761 ALEGRE CIRCLE
ORLANDO FL 32836 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WAISSMANN GLEIDE
8761 ALEGRE CIRCLE
ORLANDO FL 32836 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MAIA, PAULO R
5720 PGA BOULEVARD, APT #521
ORLANDO FL 32839 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MAIA PAULO R
5604 LONG IRON DR. #1922
ORLANDO - FL 32839-3294 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

LUIZ WAISSMANN **LUIZ WAISSMANN VICE PRES-CEO (407) 898.1757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)