

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044583

1. Entity Name

ILA R. SELTZER, ACCOUNTANT, P.A.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90501 041 \*\*\*150.00

Principal Place of Business

8540 S.W. 28TH STREET  
MIAMI FL 33155

Mailing Address

8540 S.W. 28TH STREET  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

4 Rolling Ridge Loop

4 Rolling Ridge Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

Burnsville, NC

City & State

Burnsville, NC

Zip

28714

Country

USA

Zip

28714

Country

USA

4. FEI Number

65-0919849

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

SELTZER, ILA R

8540 S.W. 28TH STREET  
MIAMI FL 33155

Name

Kirksten C. Irick

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

6331 SW 42nd Terr.

City

Miami

FL

Zip Code

33155

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.

Kirksten C. Irick

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SELTZER, ILA R  
8540 S.W. 28TH STREET  
MIAMI FL 33155

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4 Rolling Ridge Loop  
Burnsville, NC 28714

☒ 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

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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

305-223-3658

Daytime Phone #

CR2E034 (10/00)