

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059814

1. Entity Name

ACCOUNTING ADVANTAGE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90080 038 ***150.00

Principal Place of Business

Mailing Address

~~0450 SUNSET DR., STE. 100A~~
~~MIAMI FL 33179~~

~~0450 SUNSET DR., STE. 100A~~
~~MIAMI FL 33186-1528~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13500 SW 88 St.

3. Mailing Address

13500 SW 88 St.

Suite, Apt. #, etc.

295 A

Suite, Apt. #, etc.

295 A

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0932664

Applied For

Not Applicable

Zip

Country

33186

Zip

Country

33186

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

PEREZ, MICHAEL

~~3250 SW 139 CT.~~

~~MIAMI FL 33175~~

Name

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

13500 SW 88 St.

295 A

City

MIAMI

FL

Zip Code

33186

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PEREZ, MICHAEL
STREET ADDRESS ~~3250 SW 139 CT.~~
CITY-ST-ZIP ~~MIAMI FL 33175~~

☐ Delete

TITLE
NAME
STREET ADDRESS 13500 SW 88 St. # 295 A
CITY-ST-ZIP MIAMI FL 33186

☒ 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

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

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 information empowered.

SIGNATURE:

Michael Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 305-382-3909

CR2E034 (9/99)