FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 07, 2000 8:00 am DOCUMENT # **P9900060222 Secretary of State** 1. Entity Name 03-07-2000 90001 015 ***158.75 UNITED ACCOUNTING SERVICES, INC. Principal Place of Business Mailing Address ---- SW 159TH PLACE 15104 SW 159TH PLACE MIAMI FL 33196-5753 912136 FL 33196 2. Principal Place of Business 3. Mailing Address 13255 S.W. 137avenue 13255 Sw. 137 avenue Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 212 212 4. FEI Number Applied For City & State City & State 🔒 iami 65-0943627 Not Applicable Uia<u>m</u>) Country \$8.75 Additional X 5. Certificate of Status Desired Dade Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 15104 SW 159TH PLACE **MIAMI FL 33196** Seite 212 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subp nd title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) PTD ☐ Delete TITLE TITLE 13255 S.W. Brave #212 MARTINEZ, MANUEL A NAME NAME 15104 SW 159TH PLACE STREET ADDRESS STREET ADDRESS Miami, FG 33186 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33196 Change **VSD** Addition ☐ Delete TITLE 13255 8.w. 137 avenue # 212 MARTINEZ, MARTA I STREET ADDRESS STREET ADDRESS 15104 SW 159TH PLACE Miami, FC 33186 CITY-ST-7IP **MIAMI FL 33196** Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ampowered 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/10/2000 (305)256.8197