

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069364

1. Entity Name

INCOME TAX & ACCOUNTING EXPRESS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90081 040 ***150.00

Principal Place of Business

Mailing Address

101 N. STATE RD.7,STE.5
 MARGATE FL 33063

101 N. STATE RD.7,STE.5
 MARGATE FL 33063-4571

2. Principal Place of Business

Accg & TAX Firm
 Suite, Apt. #, etc.
 #5

3. Mailing Address

101 N State Rd 7
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Margate FL

City & State

Zip Country

Zip

33063

Country

Broward

Zip

Country

4. FEI Number

65-0936940

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

FIGUEROA, ZOE
 101 N. STATE RD.7,STE.5
 MARGATE FL 33063

Name

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

City

FL

Zip Code

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

Zoe Figueroa

President

4/25/00

(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	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, ZOE	
STREET ADDRESS	101 N. STATE RD.7,STE.5	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, ELENIA	
STREET ADDRESS	10576 N.W. 57 CT.	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOE FIGUEROA	
STREET ADDRESS	101 N State Rd 7 #5	
CITY-ST-ZIP	Margate FL 33063	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elenia Figueroa	
STREET ADDRESS	10576 NW 57th Ct	
CITY-ST-ZIP	Coral Springs FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Zoe Figueroa

President

4/25/00

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)