

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 018 ***150.00

DOCUMENT # P99000069364

1. Entity Name
INCOME TAX & ACCOUNTING EXPRESS, INC.

Principal Place of Business

ACCT. & TAX FIRM
 101 N. STATE RD 7 #5
 MARGATE FL 33063

Mailing Address

ACCT. & TAX FIRM
 101 N. STATE RD 7 #5
 MARGATE FL 33063

2. Principal Place of Business

101 N State Rd 7 #111

3. Mailing Address

Suite, Apt. #, etc.

City & State
Margate FL

City & State

4. FEI Number **65-0936940**

Applied For
 Not Applicable

Zip
33063

Country
USA

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

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*

(NOTE: Registered Agent signature required when reinstating)

4/26/01
 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, 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 **P** ☐ Delete
 NAME **FIGUEROA, ZOE**
 STREET ADDRESS **101 N. STATE RD.7,STE.5**
 CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **D** ☒ Delete
 NAME **FIGUEROA, ELENA**
 STREET ADDRESS **10576 N.W. 57 CT.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE **D** ☐ Delete ☒ Add
 NAME **Angel Hernandez**
 STREET ADDRESS **101 N State Rd 7 #111**
 CITY-ST-ZIP **Margate FL 33063**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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* (*Zoe Figueroa*) President *4/26/01* 954-974-3338
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)