

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90262 010 ***150.00

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



Principal Place of Business
101 N. STATE RD 7 #111
MARGATE FL 33063
US

Mailing Address
101 N. STATE RD 7 #111
MARGATE FL 33063
US



2. Principal Place of Business

Same Above

3. Mailing Address

Same Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0936940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ORTEGA, JENNIFER
10576 NW 57TH CT
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name *Elenia Figueroa*
Street Address (P.O. Box Number is Not Acceptable) *101 N STATE Rd 7 #111*
City *Margate* FL Zip Code *33063*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/25/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	<i>Director</i>	<input type="checkbox"/> Delete
NAME	ORTEGA, JENNIFER	
STREET ADDRESS	101 N STATE RD 7 SUITE 111	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	ELENIA FIGUEROA	
STREET ADDRESS	101 N STATE Rd 7 #111	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	ZOE FIGUEROA	
STREET ADDRESS	101 N STATE Rd 7 #111	
CITY-ST-ZIP	MARGATE FL 33063	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER ORTEGA	
STREET ADDRESS	101 N STATE Rd 7 #111	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELENIA FIGUEROA	
STREET ADDRESS	101 N STATE Rd 7 #111	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOE FIGUEROA	
STREET ADDRESS	101 N STATE Rd 7 #111	
CITY-ST-ZIP	MARGATE FL 33063	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/25/03*

Daytime Phone #

CR2E034 (10/02)