2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000069364 **DOCUMENT#**

1. Entity Name

CITY-ST-ZIP

INCOME TAX & ACCOUNTING EXPRESS, INC.



FILED 98 8:00 am 98 State

**150.00

<u>'/</u>		
	Secretary of	
	05-01-2003 90262 010 '	k

				OF WE THE	
Principal Place of Busine	ss	Mailing Address			\exists
101 N. STATE RD 7 #111		101 N. STATE RD 7 #1	111		
MARGATE FL 33063		MARGATE FL 33063			
US		US			A TREALEDA AND ARTHUR ARTHUR BRIGHT BRIGHT BRIGHT BRIGHT BRIGHT ARTHUR ARTHUR BRIGHT BRIGHT BRIGHT BRIGHT BRIGHT
2. Principal Place of Bus		3. Mailing Address	/		I I CORTINUE TION CORTIN CONTRA MONTH BOTTE BOTTE BOTTE STATE OFFICE BESTE BESTE FOR THE STATE OF THE STATE O
> Ame H	bove		bore.	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State	·	City & State			4. FEI Number 65-0936940 Applied For
·					Not Applicable
Zìp	Country	Zip	Cour	itry	5. Certificate of Status Desired \$8.75 Additional
6 Nam	e and Address of Current	Registered Agent		 	7. Name and Address of New Registered Agent
0. 14411	e and Address of Othern	negiatored Agent		Napas	7. Name and Address of New Augistered Agent
ORTEGA, JENNIFER	·, ·	· · · · · · · · · · · · · · · · · · ·		Clen	VIA DEGULION
10576 NW 57TH CT				Street Address	ss (P.O. Box Number is Not Agceptable)
CORAL SPRINGS FI				101	N STHURA 14711
CURAL SPRINGS FI	_ 330/6			}	
•	,			City MA	Two le FL Zin Code
8. The above named ent	ity submits this statement for	r the purpose of changing	its register	ed office or regist	steroe agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of reci	sered agent.		•	· ·	\mathcal{M}
- Len					9/25/05
SIGNATURE Signature, type	d or printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signature requi	uired when reinstating) DATE
SER E NOW	U) FEE IC \$150.00	 		 	
	!!! FEE IS \$150.00 103 Fee wilfbe \$550.00				9. Election Campaign Financing \$5.00 May Be
	o Florida Department of	State			Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS *	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE		Delete	TITL	7);	COC LOD
	JENNIFER:	1/2	NAM	E 70.	DANTER OF FER OF FERENCE
	ATE RD 7 SUITE 111		STRE	ET ADDRESS 101	IN STOK KETHIII
CITY-ST-ZIP MARGAT	E FL 33063		CITY	-ST-ZIP MA	Mgale, FL 33063
TITLE P		☐ Delete	TITLE	Dr	esident Change Maddition
NAME PONIN	A FigueroA		NAM	1/20	Parcia Figueral
STREET ADDRESS 101	1 State Rd	7#11/	STRE	ET ADDRESS	IN Stake Rd 9 #111
CITY-ST-ZIP MAIGA	te FL 33	3063	CITY	-ST-ZiP	Image Fel 33063
TITLE VICE	President	Delete	TITL	11	ice Presided _ Change Addition
NAME ZUE	FigueroA		NAM		e Figueroa
STREET ADDRESS 101	Stok Rd	7-4-11	↑= · · · · STRE	ET ADDRESS	1-N-State Rd 7 #111.
CITY-ST-ZIP MATG	Att PL 330	63	CITY	-ST-ZIP	orgate for 33063
TITLE		Delete	TITLE		☐ Change ☐ Addition
NAME			NAM		
STREET ADDRESS			STRE	ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE		Delete	TITL		☐ Change ☐ Addition
NAME			NAM		
STREET ADDRESS			STRE	ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE ,		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAM	1	
STREET ADDRESS			e TOF	ET ADDRESS I	

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.

CITY-ST-ZIP

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

Daytime Phone #