

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107476

1. Entity Name

JA & S ACCOUNTANTS, INC

Principal Place of Business

Mailing Address

2323 W 52 ST
HIALEAH FL 33016

2323 W 52 ST
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GARCIA, SONIA
2201 W 52 ST #112
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name GARCIA SONIA

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

3289W 70 ST

City HIALEAH

FL

Zip Code 33018

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

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, 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

TITLE P
NAME GARCIA, SONIA
STREET ADDRESS 2201 W 52 ST #112
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE V
NAME GARCIA, JOSE A
STREET ADDRESS 2201 W 52 ST #112
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARCIA SONIA
STREET ADDRESS 3289W 70 ST
CITY-ST-ZIP HIALEAH FL 33018 ☒ Change ☐ Addition

TITLE V
NAME GARCIA JOSE A
STREET ADDRESS 3289W 70ST
CITY-ST-ZIP HIALEAH FL 33018 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90014 044 ***150.00

00003937



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965174 ☐ Applied For
☐ Not Applicable

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

CR2E034 (10/00)

0099545

1/5/2001 305 826 0030