

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11767

1. Entity Name

FINANCIAL ACCOUNTING ASSOCIATES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90102 048 ***150.00

Principal Place of Business

Mailing Address

9900 STIRLING RD.
STE 211
COOPER CITY FL 33024
US

9900 STIRLING RD.
STE 211
COOPER CITY FL 33024-8065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 405

Suite, Apt. #, etc.

STE 405

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0229856

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

FALCO, ROLAND D.
9900 STIRLING RD.
~~SUITE 211~~
COOPER CITY FL 33024

Name

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

SUITE 405

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.

ROLAND D. FALCO

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, 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 PS ☐ Delete
NAME FALCO, ROLAND D.
STREET ADDRESS 9900 STIRLING ROAD SUITE 211
CITY-ST-ZIP COOPER CITY FL

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

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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.

ROLAND D. FALCO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)