2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28161

1. Entity Name

TAPIA A	accol	JNTING	SERVICE	INC.
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Principal Place of Business

Mailing Address

2940 W. 68TH PLACE

SIGNATURE:

2940 W. 68TH PLACE

*** FL 33	1016	HIALEAH FL 33	HIALEAM FL 33U18-5362							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Add	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		Suite, Apt.								
City & State	te .	City & State	City & State		4. FEI Number 65-0330394			Applied For Not Applicable		
Zip	Country Zip			Country 5.		Certificate of Status Desired		\$8.75 Add	itional	
	7. Name and Address of New Registered Agent									
	6. Name and Address of Cu			Name		7 - FTT- 8-	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
TAPIA, MIREYA 2940 WEST 68TH PL. HIALEAH FL 33016			Street Address (P.O. Box Number is Not Acceptable)							
				City			F	Zip Code	;	
8. The above	named entity submits this statem	ent for the purpose of o	changing its registe	ered office or regis	tered age	ent, or both, in the State of Flor	ida.			
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	ored Agent signature requ	ired when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable				e will be \$550.0		10. Election Campaign Fina Trust Fund Contribution			O May Be to Fees	
11.	OFFICERS	AND DIRECTORS	12	2.	AD	DITIONS/CHANGES TO OFFI	CERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	PD TAPIA, MIREYA 2940 W 68 PL		NA ST	TLE IME REET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP	HIALEAH FL		; Cl	TY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE MME PREET ADDRESS TY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE ME REET ADDRESS TY-ST-ZIP		وه در دو د د محمد هم		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE AME REET ADDRESS TY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ! ST	TLE AME REET ADDRESS IY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP			Delete TIII	ILE IME REET ADDRESS TY-ST-7IP			-	Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90119 045 ***150.00

20- 2000