

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G42333

1. Entity Name

RAND TAX ASSOCIATES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90092 001 ***150.00

03-30-2000 90092 002 *****8.75

Principal Place of Business

Mailing Address

~~SHIRLEY SWEENEY~~
~~27 NW 37TH AVENUE~~
~~MIAMI FL 33125~~

~~SHIRLEY SWEENEY~~
~~27 NW 37TH AVENUE~~
~~MIAMI FL 33134-1614~~

2. Principal Place of Business

3898 West Flagler Street

Suite, Apt. #, etc.

3. Mailing Address

3898 West Flagler Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33134

Zip

Country

Dade

City & State

Miami, FL 33134

Zip

Country

Dade

4. FEI Number

59-2295324

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

Name

Paul E. Atkins

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

15365 S.W. 178 Terrace

City

Miami,

FL

Zip Code

33187

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

Paul E. Atkins

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)

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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	DST	<input type="checkbox"/> Delete
NAME	ATKINS, PAUL	
STREET ADDRESS	27 NW 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, SHIRLEY	
STREET ADDRESS	3731 N W 2ND ST	
CITY-ST-ZIP	MIAMI, FL 33126	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15365 S.W. 178 Terrace	
CITY-ST-ZIP	Miami, FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Araceli Nina M. Atkins	
STREET ADDRESS	15365 S.W. 178 Terrace	
CITY-ST-ZIP	Miami, FL 33187	

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

Araceli Nina M. Atkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Araceli Nina M. Atkins

1/3/2000

(305)445-7948

Date

Daytime Phone #

CR2E034 (9/99)