

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **523648**

1. Entity Name

TAX ADJUSTMENT EXPERTS & CONSULTANTS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90384 037 ***150.00

Principal Place of Business: 169 LINCOLN RD., #310 MIAMI BCH FL 33139 *Former*
 Mailing Address: 169 LINCOLN RD., #310 MIAMI BCH FL 33139-2001 *Former*

New Address

2. Principal Place of Business: *9345 NE 6ave*
 3. Mailing Address: *9345 NE 6ave*

Suite, Apt. #, etc.: *302*

City & State: *Miami Shores Fla*

Zip: *33138* Country: *USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-1769451**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **DAVIDSON, EUGENE J.**
~~169 LINCOLN RD., #310 MIAMI BEACH FL 33139~~
Moved to 9345 NE 6ave #302 Miami Shores Fla 33138

7. Name and Address of New Registered Agent:
 Name: *Same*
 Street Address (P.O. Box Number is Not Acceptable):
 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.

SIGNATURE: *Eugene Davidson*
 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.
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: DP	NAME: DAVIDSON, EUGENE J	TITLE:	NAME:
STREET ADDRESS: 169 LINCOLN RD., #310	CITY-ST-ZIP: MIAMI BCH FL 33139	STREET ADDRESS:	CITY-ST-ZIP:
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<i>See new Address Above</i>			
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eugene Davidson Pres* Date: *4-13-2000* Daytime Phone #: *727-4434423*

CR2E034 (9/99)