

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 Mailing Address
169 LINCOLN RD., #310 *Former* 169 LINCOLN RD., #310 *Former*
MIAMI BCH FL 33139 MIAMI BCH FL 33139-2001

New Address

2. Principal Place of Business 3. Mailing Address
9345 NE 6ave *9345 NE 6ave*
Suite, Apt. #, etc. Suite, Apt. #, etc.
302 *302*

City & State City & State
MIAMI Shores Fla *MIAMI Shores Fla*
Zip Country Zip Country
33138 *USA* *33138* *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. *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* (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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDSON, EUGENE J	<i>See new</i>	NAME		
STREET ADDRESS	169 LINCOLN RD., #310	<i>Address Above</i>	STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *Eugene Davidson Pres* Date *4-13-2000* Daytime Phone # *727-4434423*

CR2E034 (9/99)