

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646975

1. Entity Name

TAX ADJUSTMENT EXPERTS OF FLORIDA, INC.

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

05-18-2000 90384 039 \*\*\*150.00

Principal Place of Business

169 LINCOLN RD. #310  
MIAMI BEACH FL 33139

*FORMER*

Mailing Address

169 LINCOLN RD. #310  
MIAMI BEACH FL 33138-2836

*FORMER*

2. Principal Place of Business

*NEW ADDRESS*  
9345 NE 6 AVE

3. Mailing Address

9345 NE 6 AVE

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

MIAMI SHORES, FLA.

City & State

MIAMI SHORES FLA

Zip

Country

33138 USA

Zip

Country

33138 USA

4. FEI Number

59-1993979

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

DAVIDSON, EUGENE J.  
169 LINCOLN ROAD, #310  
MIAMI BEACH FL 33139

*MOVED TO:*

9345 NE 6 AVE  
SUITE 302  
MIAMI SHORES FLA  
33138

Name

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

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	PSD	<input type="checkbox"/> Delete
NAME	DAVIDSON, EUGENE	
STREET ADDRESS	169 LINCOLN RD., #310	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BLAKE, A H	
STREET ADDRESS	169 LINCOLN RD., #310	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00  
1-727-443-4423  
1-800-327-3145

CR2E034 (9/99)