

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67510

1. Entity Name

TAX CLINIC INC. OF MIAMI

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90850 046 ***158.75

Principal Place of Business

Mailing Address

2450 NW 183 STREET
MIAMI FL 33056
US

2450 NW 183 STREET
MIAMI FL 33056-3642
US

43060256

2. Principal Place of Business

3. Mailing Address

17410 NW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPA LOCKA FL

4. FEI Number

59-2494551

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33056

DADE

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

RUDD, BRANNOCK
18615 N.W. 22ND CT.
MIAMI FL 33055

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 P
NAME RUDD, BRANNOCK
STREET ADDRESS 18615 N.W. 22ND CT.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00 305-620-2914
Daytime Phone #