

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K54769**

1. Entity Name

B & B TAX SERVICES, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90134 002 ***150.00

Principal Place of Business

**C/O BENJAMIN WALDMAN
CORNWALL A 1005
BOCA RATON FL 33434**

Mailing Address

**C/O BENJAMIN WALDMAN
CORNWALL A 1005
BOCA RATON FL 33434****107748**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0092032**

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****WALDMAN, BENJAMIN
CORNWALL A 1005
BOCA RATON FL 33434**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WALDMAN, BENJAMIN CORNWALL A 1005 BOCA RATON FL			
D WALDMAN, BLANCHE CORNWALL A 1005 BOCA RATON FL			

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:*Benjamin Waldman***BENJAMIN WALDMAN**

Date

Daytime Phone #

1/15/01 561 482 9707

CR2E034 (10/00)