

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68900

1. Entity Name

PROPERTY TAX SPECIALIST, INC. R

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-14-2000 90002 014 ***150.00
 07-13-2000 90086 001 ***800.00

Principal Place of Business 240 SW 124 AVE 3 D MIAMI FL 33184 US	Mailing Address P O BOX 351447 MIAMI FL 33135-7447 US
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2. Principal Place of Business	Mailing Address PO BOX 720670
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
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Zip 33172	Country USA	4. FEI Number 65-0147151	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VELOZ, MIGUEL A.
 240 SW 124 AVE.
 MIAMI FL 33184

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD VELOZ, MIGUEL A. 240 SW 124 AVE. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or without like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/2000 Daytime Phone #: 305 892 9578