

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90008 015 *****50.00

DOCUMENT # L01000014998

1. Entity Name

**THE AMERICAN BOARD OF TAX PRACTITIONERS, LIMITED
 COMPANY** *FORMERLY*

Shores

Principal Place of Business

4641 SO. UNIVERSITY DRIVE
 DAVIE FL 33328-3817

Mailing Address

4641 SO. UNIVERSITY DRIVE
 DAVIE FL 33328-3817

80039536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-6002081

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00: Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SANTOS, EDWARD J
4641 SO. UNIVERSITY DRIVE
DAVIE FL 33328-3817

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

MEMBER
ROBERT KRATISH
14499 SUNSET LANE
FT. LAUDERDALE FL 33330-3409

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

MEMBER
JILL KRATISH-ROSENDO
14495 SUNSET LANE
FT. LAUDERDALE FL 33330-3409

TITLE
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 CITY-ST-ZIP

☐ Delete

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)