

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000033949

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** BEST TAX CENTER NEWBERRY, LLC

**Current Principal Place of Business:**

C/O GENERIC INSURANCE AGENCIES OF N. CENTR  
330 N.E. 39TH AVENUE, SUITE B  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GENERIC INSURANCE AGENCIES OF N. CENTR  
330 N.E. 39TH AVENUE, SUITE B  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-3391186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASNER, MARK M ESQ  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVE., STE 2400  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** RUBIERA, NIRIO J  
**Address:** 1670 SE PORT ST. LUCIE BLVD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** NIRIO J. RUBIERA

MGR

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date