

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000725

1. Entity Name

INTERNATIONAL TAX CONSULTANTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business

1191 NW 91ST AVENUE
PLANTATION FL 33323

Mailing Address

P.O. BOX 822282
SOUTH FLORIDA FL 33082-2282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~98-018~~ 65-0895588

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, KEITH

4201 N. OCEAN DRIVE, SUITE 401
HOLLYWOOD FL 33019

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

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ONAROLL, INC.
P.O. BOX 822282
SOUTH FLORIDA FL 33082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003391136--7
-09/13/00--01040--001
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAYNE, ROBERT E
P.O. BOX 822282
SOUTH FLORIDA FL 33082 ☐ Delete

TITLE
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☐ Change ☐ Addition

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 OR MANAGER

08 September 00 954 442-7861
Date Daytime Phone #

CR1E083 (5/00)