

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000725

1. Entity Name

INTERNATIONAL TAX CONSULTANTS, LLC

Principal Place of Business

1191 NW 91ST AVENUE  
PLANTATION FL 33323

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROBERTS, KEITH  
4201 N. OCEAN DRIVE, SUITE 401  
HOLLYWOOD FL 33019

FILED  
01 SEP 24 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0895588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

MGRM  
ONAROLL, INC.  
P.O. BOX 822282  
SOUTH FLORIDA FL 33082

TITLE NAME ☐ Delete

MGRM  
PAYNE, ROBERT E  
P.O. BOX 822282  
SOUTH FLORIDA FL 33082

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100004616311--8  
-09/28/01--01043--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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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 #

9-21-01 904 442-7861

0003170

CR2E083 (5/01)

STAPLE CHECK HERE