

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90005 049 ****61.25

DOCUMENT # N93000004346

1. Entity Name

FLORIDA TAX REDUCTION MOVEMENT, INC.

Principal Place of Business

Mailing Address

275 E OAKLAND PARK BLVD
 FORT LAUDERDALE FL 33334
 US

630 NE 18 ST.
 FT LAUDERDALE FL 33305-3804

2. Principal Place of Business

3. Mailing Address

3625 N. Andrews Ave
 Suite, Apt. #, etc.

3652 N. Andrews Ave.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Ft. Lauderdale, FL

City & State
 Ft. Lauderdale

4. FEI Number
 65-0441587

Applied For
 Not Applicable

Zip
 33309

Country
 US

Zip
 33309

Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAME

BLOCK, MICHAEL
 275 E OAKLAND PARK BLVD
 FORT LAUDERDALE FL 33334

New

Name
 Street Address (P.O. Box Number is Not Acceptable)
 3625 N. Andrews Ave
 City
 Ft. Lauderdale FL Zip Code
 33309

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 *Michael Bloch*

5/8/00
 DATE

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLOCK, MICHAEL	
STREET ADDRESS	275 E OAKLAND PARK BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, MARK T	
STREET ADDRESS	180 S LAKE AVE	
CITY-ST-ZIP	PASADENA CA 91101	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HARTLESS, ROBERT	
STREET ADDRESS	9 BAY HARBOR RD.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Block Michael	
STREET ADDRESS	3652 N. ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Finkelstein	
STREET ADDRESS	3652 N. Andrews Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Bergey	
STREET ADDRESS	3652 N. Andrews Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Bloch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00
 DATE (954) 566-7540
 Daytime Phone #

CR2E037 (9/99)