

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002630

1. Entity Name

TAX RESOURCE CENTER OF FLORIDA, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90014 044 ****61.25

Principal Place of Business

20401 NORTHWEST 2ND AVENUE
SUITE 218
MIAMI FL 33169

Mailing Address

20401 NORTHWEST 2ND AVENUE
SUITE 218
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

203

City & State

Suite, Apt. #, etc.

203

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE PD
NAME MOMPOINT, NOE
STREET ADDRESS 20401 NORTHWEST 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE SD
NAME NILES, EARL R
STREET ADDRESS 20401 NORTHWEST 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE TD
NAME DALGER, PHOEBE
STREET ADDRESS 20401 NORTHWEST 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE Director
NAME LUCIENS FRANCOIS
STREET ADDRESS 12735 NW 8th ave
CITY-ST-ZIP MIAMI, FL 33168 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

(305) 493-9950

Daytime Phone #

CR2E037 (5/00)