2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000066316

1. Entity Name

DOCUMENT#

TRI COUNTY TAX ADJUSTERS, INC.



DIL DD

Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90164 027 ***150.00

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Principal Place of Business 1021 IVES DAIRY ROAD #111 MIAMI FL 33179			Mailing Address 1021 IVES DAIRY ROAD #111 MIAMI FL 33179							
Principal Place of Business 3. Mailing Address						4 (004)000 114 00414 0014 0041 0044 0044 0044		HIBAR BEH HABI		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	4. FEI Number NOT APPLICABLE Applied For Not Applicable			
Zip Country			Zip Country			5. Certificate of Status Desired				
	6. Name	and Address of Current	Registered Agent			7. N	Name and Address of New Registered	Agent		
					Name					
FELDMAN, MITCHELL. A 1021 IVES DAIRY ROAD					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 111									l	
MIAMI FL 33179				City		FL	Zip Cod	le		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE										
	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Registered	Agent signature requ	uired when rei	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution. [00 May Be d to Fees	
10.		OFFICERS AND I		11.			I DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	21175 MA	MITCHELL A NSAIL CIRCLE UNIT E- N FL 33180	☐ Dele	te . TITLE NAME STREE			511151157611576115761157611576115761157	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dele	te title				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dele	NAME STREE	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAME STREE				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		s information a unalled with	□ Delet	NAME STREE	T ADDRESS ST-ZIP		110 07/2Vi) Florido Crotutos Lfutbos co	☐ Change	Addition	

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 607, 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/ SIGNIND OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

305-651-3755