

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90006 043 ***150.00

DOCUMENT # P00000088471

1. Entity Name
TAX XPRESS INC.

Principal Place of Business Mailing Address
 1161 N.W. 56TH STREET 1161 N.W. 56TH STREET
 MIAMI FL 33127 MIAMI FL 33127

2. Principal Place of Business 3. Mailing Address
 1394 NW 54th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Miami
 Zip Country Zip Country
 FL Miami-Dade 33142 USA

4. FEI Number Applied For
 05-1046170 Not Applicable

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

THOMAS, RITA
 1161 N.W. 56TH STREET
 MIAMI FL 33127

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 *Rita Thomas* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME THOMAS, RITA
 STREET ADDRESS 1161 N.W. 56TH STREET
 CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE Vice President
 NAME Thomas, Jeffery
 STREET ADDRESS 1161 NW 56th Street
 CITY-ST-ZIP Miami FL 33127 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita Thomas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 305-758-8211
 Date Daytime Phone #

CR2E034 (10/00)