

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90241 048 ***150.00

DOCUMENT # P00000088471

1. Entity Name
TAX XPRESS INC.

Principal Place of Business
1344 NW 54TH ST
MIAMI FL 33127

Mailing Address
1161 N.W. 56TH STREET
MIAMI FL 33127



2. Principal Place of Business **1812 NW 51st Street** 3. Mailing Address **1812 NW 51st Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami FL** City & State **Miami FL**

4. FEI Number **65-1046170** Applied For Not Applicable

Zip **33142** Country **Dade** Zip **33142** Country **Dade**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **THOMAS, RITA**
 Street Address (P.O. Box Number is Not Acceptable)
1812 NW 51 Street
 City **Miami FL** Zip Code **33142**

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* DATE 9/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	PD THOMAS, RITA 1161 N.W. 56TH STREET MIAMI FL 33127	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	VP THOMAS, JEFFERY 1161 NW 56TH ST MIAMI FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP Lucille Kingcade 1812 NW 51 Street Miami FL 33142
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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* DATE 9/19/02 Daytime Phone # (305) 638-0512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M12771 AV CR2E034 (9/01)