

# 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**  
**Suite, Apt. #, etc.**

**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**

**Country**

**33142 Dade**

**Zip**

**Country**

**33142 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*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*3/19/02*

**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**

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

**TITLE** **VP** ☒ Delete  
**NAME** **THOMAS, JEFFERY**  
**STREET ADDRESS** **1161 NW 56TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33127**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **VP**  
**STREET ADDRESS** **Lucille Kingcade**  
**CITY-ST-ZIP** **1812 NW 51 Street**  
**MIAMI FL 33142**

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

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

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

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

**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

**Date**

**Daytime Phone #**

*3/19/02 6051638-0512*

CR2E034 (9/01)