

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90126 015 \*\*\*550.00

**DOCUMENT # P01000106470**

1. Entity Name  
**IPS RAPID TAX CORP.**

Principal Place of Business  
 2700 N 29TH AVE. SUITE 203  
 HOLLYWOOD FL 33020

Mailing Address  
 2700 N 29TH AVE. SUITE 203  
 HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-0029806

Applied For

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

**BERRY, HARRY S**  
 2700 N 29TH AVE, SUITE 203  
 HOLLYWOOD FL 33020

Name **Michelle Reid**

Street Address (P.O. Box Number is Not Acceptable)

**430 SE 7th ST  
 STE 307**

City **DANIA**

**FL**

Zip Code **33004**

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 *M. Reid*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*07/10/02*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERRY, HARRY</b>	
STREET ADDRESS	<b>2700 N 29TH AVE, SUITE 203</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Nice president</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michelle Reid</b>	
STREET ADDRESS	<b>430 SE 7th ST</b>	
CITY-ST-ZIP	<b>DANIA, FL 33004</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*HARRY S BERRY 7/10/02 (954) 926-8008*

CR2E034 (4/02)