

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91880 005 ***150.00

DOCUMENT # P02000065258

1. Entity Name
TAX REFUND CENTER, INC.



Principal Place of Business
**20401 N.W. 2ND AVE., STE. 208
MIAMI FL 33169**

Mailing Address
**20401 N.W. 2ND AVE., STE. 208
MIAMI FL 33169**



2. Principal Place of Business
20401 NW 2nd Ave
Suite, Apt. #, etc.
103

3. Mailing Address
20401 NW 2nd Ave
Suite, Apt. #, etc.
103

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida
Zip
33169

City & State
Miami Florida
Zip
33169

4. FEI Number
06-1644487

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CACCAMO, JOSEPH A ESQ.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-6525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOMPOINT, NOE	
STREET ADDRESS	10384 SW 24TH ST.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, FRAZER	
STREET ADDRESS	11408 SW 17TH CT.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCOIS, LUCVENS	
STREET ADDRESS	12735 NW 8TH AVE.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERRE-LOUIS, ALEX	
STREET ADDRESS	99 NW 183RD ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel Mompoint	
STREET ADDRESS	2450 SW 103 way	
CITY-ST-ZIP	Miramar, FL 33025	
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		
TITLE	DIRECTOR	<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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NOE MOMPOINT

4/28/2003 (305)652-4300
Date Daytime Phone #

CR2E034 (10/02)