

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116051

1. Entity Name  
THE TAX PROS OF DADE CORP.



Principal Place of Business  
4391 N.W. 173RD DR.  
MIAMI FL 33055

Mailing Address  
4391 N.W. 173RD DR.  
MIAMI FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0493921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, DREXEL L  
4391 N.W. 173RD DR.  
MIAMI FL 33055

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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	P	<input type="checkbox"/> Delete
NAME	JENKINS, DREXEL L	
STREET ADDRESS	4391 N.W. 173RD DR.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, CEDRIC O	
STREET ADDRESS	4391 N.W. 173RD DR.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, TOMMYE L	
STREET ADDRESS	4391 N.W. 173RD DR.	
CITY-ST-ZIP	MIAMI FL 33055	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500023380195  
09/26/03--01044--005 \*\*150.00

CR2E034 (4/03)

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

Drexel Jenkins

9-11-03

(786)262-3697

Date

Daytime Phone #

0030890 AV

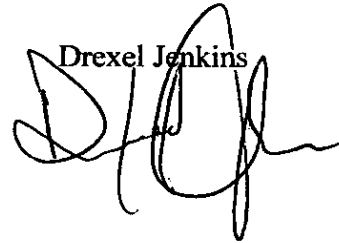
9/11/03

To whom it may concern:

I'm writing this letter to inform you that I didn't receive the first form notifying me of a need to pay \$150.00 filing fee. I spoke with one of your associates this afternoon that instructed me to include this letter of explanation along with a request to have the \$400.00 late fee waived. Please accept me apology in this matter.

President,

Drexel Jenkins

A handwritten signature in black ink, appearing to be 'Drexel Jenkins', written over the printed name.