

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90044 001 ***150.00

DOCUMENT # P03000052615	
1. Entity Name	
WEST TAX SERVICES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4296 PALM AVENUE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012	Country	Zip	Country

4. FEI Number 33-1057212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LAZARO M LOPEZ	
Street Address (P.O. Box Number is Not Acceptable) 4296 PALM AVE	
City HIALEAH	FL Zip Code 33012

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 LAZARO M LOPEZ **1/5/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, RAISA 910 W 37 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAZARO M LOPEZ 4296 PALM AVE HIALEAH, FL 33012
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO M LOPEZ, VP **1/5/2006** **(305) 556-2707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #