2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90119 041 ***150.00

DOCUMENT # P92000002008

1. Entity Name
FLORIDA TAX DEEDS, INC.

Principal Place of Business	Mailing Address
4942 LE JEUNE ROAD CORAL GABLES FL 33146	4942 LE JEUNE ROAD CORAL GABLES FL 33146-2208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13899 Biscayne Blvd.		13899 Biscayne Blvd.	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. # 110	
City & State North Miami Beach		City & State North Miami Beach	
Zip 33181	Country U.S.A.	Zip 33181	Country U.S.A

4. FEI Number 65-0369194 ☐ 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
GONZALEZ, ANA I 13899 BISCAYNE BLVD SENATOR BLDG 103 NORTH MIAMI BCH FL 33181	Name Gonzalez Ana I Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd Suite #110 City North Miami Beach FL Zip Code 33181

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 [signature] ANA I. GONZALEZ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04/20/01

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, ROLF D 4942 LE JEUNE ROAD SOUTH CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Johnson, Rolf D 13899 Biscayne Blvd #110 North Miami Beach FL 33181	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP GONZALEZ, EFRAIN 4942 LE JEUNE ROAD SOUTH CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Gonzalez, Efrain 13899 Biscayne Blvd #110 North Miami Beach FL 33181	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Efrain Gonzalez SVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 04/21/01 Daytime Phone # (305) 987 2800