

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000006492

1. Entity Name

FREEDOM TAX SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 014 ***150.00

Principal Place of Business

Mailing Address

4700 BISCAYNE BLVD
MIAMI FL 33137

4700 BISCAYNE BLVD
MIAMI FL 33137-3228

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

65-0376405

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	FALK, JOSEPH L	
STREET ADDRESS	4700 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, JUDY	
STREET ADDRESS	4700 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
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	VD CEO Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perrelli, Rosario A.	
STREET ADDRESS	5595 Trillium Blvd.	
CITY-ST-ZIP	Hoffman Estates, IL 60192	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	West, Larry M.	
STREET ADDRESS	4700 Biscayne Blvd	
CITY-ST-ZIP	Miami FL 33137	
TITLE	VD/Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, James J.	
STREET ADDRESS	1150 South Olive Street	
CITY-ST-ZIP	Los Angeles, CA 90015	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barber, R. Scott	
STREET ADDRESS	9399 West Higgins Road	
CITY-ST-ZIP	Rosemont, IL 60018	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Falk 2/11/00 305 573-8800

Date

Daytime Phone #

CR2E034 (9/99)