

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008013

1. Entity Name

TAXSMART, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90177 018 \*\*\*158.75

Principal Place of Business

Mailing Address

~~9290 SUNSET DR~~  
~~STE 105~~  
~~MIAMI FL 33173~~  
~~US~~

~~9290 SUNSET DR~~  
~~STE 105~~  
~~MIAMI FL 33165-6741~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

5550 SW 87 AVE

5550 SW 87 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI

MIAMI FL

Zip

Country

Zip

Country

FL

US

33165

US

4. FEI Number

65-0384946

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

Name

SIERRA, JIM

Street Address (P.O. Box Number is Not Acceptable)

5550 SW 87 TH AVE

City

MIAMI

FL

Zip Code

33165

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 ~~DPST~~ ☐ Delete  
NAME ~~SIERRA, JIM~~  
STREET ADDRESS ~~9290 SUNSET DR, STE 105~~  
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~DPST~~ ☒ Change ☐ Addition  
NAME ~~SIERRA, JIM~~  
STREET ADDRESS ~~5550 SW 87 AVE~~  
CITY-ST-ZIP ~~MIAMI, FL 33165~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

SIERRA PRES

Date

1/19/00

Daytime Phone #

305 871-7310

CR2E034 (9/99)