

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021150

1. Entity Name

COMPLETE TAX SYSTEMS, INC.

05-17-2001 91316041 \*\*\*150.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 24 PM 5:08

C0066760



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18800 NORTHWEST 2ND AVENUE, SUITE 216 MIAMI FL 33169	Mailing Address 18800 NORTHWEST 2ND AVENUE, SUITE 216 MIAMI FL 33169
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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 65-0649641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WHITAKER, THOMASINA 18800 NW 2 AVE #218 MIAMI FL 33169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] (NOTE: Registered Agent signature required when reinstating) DATE

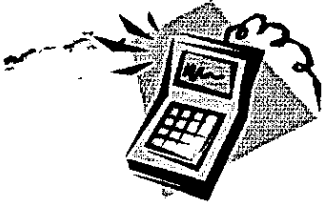
9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHITAKER, THOMASINA 18800 NORTHWEST 2ND AVENUE, SUITE 216 MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DURDEN, DURWOOD 18800 NORTHWEST 2ND AVENUE, SUITE 216 MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



**COMPLETE TAX SYSTEMS**  
**18800 NW 2<sup>ND</sup> AVENUE, SUITE 221**  
**MIAMI, FLORIDA 33169**  
**305-655-3555**

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October 17, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
STACEY PRATHER, DOCUMENT SPECIALISTS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

In reference to the letter received from you dated September 25, 2001 ( copy enclosed ) we did not receive any correspondence from your office concerning a rejected uniform business report. We only received a UBR stating that we did not file a report before May 1, 2001, which we did, copy of check enclosed also. Corrected UBR is completed, with hope that this matter can be resolved quickly. If you have any questions of us please feel free to call 305-655-3555

Sincerely,

Thomasina Whitaker