

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052324

1. Entity Name

AMERITAX GROUP, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90034 006 \*\*\*150.00

Principal Place of Business

Mailing Address

21226 MARINER PLACE  
LUTZ FL

21226 MARINER PLACE  
LUTZ FL 33549-4103

2. Principal Place of Business

3. Mailing Address

17410 US Hwy 41 N  
Suite, Apt. #, etc.

17410 US Hwy 41 N  
Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ FL

4. FEI Number

59-3462826

Applied For

Not Applicable

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough

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

DIAZ, JOE  
21226 MARINER PLACE  
LUTZ FL

Name

New Address

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

17410 US Hwy 41 N

City

LUTZ, FL

FL

Zip Code

33549

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  
NAME DIAZ, JOSE A  
STREET ADDRESS 21226 MARINER PLACE  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 17410 US Hwy 41 N  
CITY-ST-ZIP LUTZ, FL 33549

TITLE VSTD  
NAME DIAZ, CARIDAD G  
STREET ADDRESS 21226 MARINER PLACE  
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 17410 US Hwy 41 N  
CITY-ST-ZIP LUTZ, FL 33549

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  
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CITY-ST-ZIP ☐ Delete

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

813-996-1040

Daytime Phone #

CR2E034 (9/99)