

# 2000 UNIFORM-BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90435 045 \*\*\*150.00

**DOCUMENT # P98000062273**

1. Entity Name  
**Taxes by Natasha INC**

Principal Place of Business  
**770 Opa-Locka Blvd.**  
**Opa-locka, FL 33054**

Mailing Address  
**670 Dunad Ave**  
**Opa-locka, FL 33054**

2. Principal Place of Business  
**770 Opa-locka Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**670 Dunad Ave**  
 Suite, Apt. #, etc.

City & State  
**Opa-locka FL**

City & State  
**Opa-locka, FL 33054**

Zip  
**33054**

Country  
**USA**

Zip  
**33054**

Country  
**USA**

4. FEI Number  
**65-0523339**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Taxes by Natasha**  
**770 Opa-locka Blvd**  
**Opa-locka, FL 33054**

7. Name and Address of New Registered Agent  
 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 **Natasha Ervin**  
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Owner	Natasha L. Ervin	770 Opa-locka Blvd	Opa-locka, FL 33054	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

SIGNATURE: **Natasha Ervin** 5/15/00 (305) 688-8254  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)