

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90905 036 \*\*\*150.00

**DOCUMENT # P98000098855**

1. Entity Name  
**ALFIE TAX SERVICE, INC.**

Principal Place of Business  
**10834 MADISON DR.**  
**BOYNTON BEACH FL 33437**

Mailing Address  
**10834 MADISON DR.**  
**BOYNTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8816 Via Tucunoy Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8816 Via Tucunoy Dr**  
 Suite, Apt. #, etc.

City & State  
**Boynton Beach**

City & State  
**Boynton Beach**

4. FEI Number **65-0877127**  
 Applied For  
 Not Applicable

Zip **33437** Country **FL**

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

6. Name and Address of Current Registered Agent  
**BERMAN, HARRY M**  
**10834 MADISON DR.**  
**BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent  
 Name **Harry M Berman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8816 Via Tucunoy Ave**  
 City **Boynton Beach** FL **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 DATE **6/30/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PD</b> <b>BERMAN, HARRY M</b> <b>10834 MADISON DR.</b> <b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Owner President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Harry M Berman</b> <b>8816 Via Tucunoy Dr</b> <b>Boynton Beach FL 33437</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **REQUIRED** DATE **6/30/2002** Daytime Phone #

CR2E034 (9/01)