## 2001. UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an add

ress, with all other like empowered.

## May 04, 2001 8:00 am Secretary of State DOCUMENT # **P98000099323** TAX SYSTEMS OF FLORIDA, INC. 05-04-2001 90050 048 \*\*\*150.00 Principal Place of Business Mailing Address 11440 NW 87TH COURT = 11440 NW 87TH COURT HIALEAH GARDENS FL 33018 HALEAH CARDENS FL 22018 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0877411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent FERRAND CORRALES, ANA 11440 NW 87TH COURT HIALEAH GARDENS FL 33018 8. The above named entity sum ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) TITLE Addition CORRALES, ANA F NAME NAME STREET ADDRESS 11440 NW 87TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33018 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition RODRIGUEZ, FAUSTING J MAME NAME STREET ADDRESS 11440 NW 87TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL-33018 Delete TIFLE ☐ Addition PEREZ. YAMATSYS. NAME STREET ADDRESS 11440 NW 87TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33018 CITY-ST-7I2 THE ☐ Delete TITLE Adoltion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLS ☐ Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS 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