

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED

May 22, 2000 8:00 am
Secretary of State

05-01-2000 90045 001 ***150.00

DOCUMENT # P99000023593

1. Entity Name

BLOCKTAX ACCOUNTING, INC.

Principal Place of Business

Mailing Address

**275 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33334**

**275 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33334-1155**

2. Principal Place of Business

3. Mailing Address

3652 N. ANDREWS AVE

3652 N. ANDREWS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

City & State

City & State

Zip

Country

Zip

Country

33309

U.S.A.

33309

U.S.A.

4. FEI Number

65-0902969

Applied For

Not Applicable

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

**BLOCK, MICHAEL
275 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33334**

Name

BLOCK, MICHAEL

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

3652 N. ANDREWS AVE.

City **FT. LAUDERDALE**

FL

Zip Code

33309

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

Michael Block

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BLOCK, MICHAEL
275 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33334** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3652 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Michael Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 954-566-7540
Date Daytime Phone #

CR2E034 (9/99)