

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 042 ***150.00

DOCUMENT # **99000063490**
1. Entity Name **SOUTH FLORIDA PROPERTY TAX BUSTER, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3595 Sheridan St.**
Suite, Apt. #, etc. **103**
City & State **Hollywood FL**

3. Mailing Address **535 Hardee Rd.**
Suite, Apt. #, etc.
City & State **Coral Gables, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **593605659** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Zip **33021** Country **Broward** Zip **33146** Country **DADE**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Larry Puyanik**
Street Address (P.O. Box Number is Not Acceptable) **535 Hardee Rd.**
City **Coral Gables** FL Zip Code **33146**

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]**
(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PRES.**
NAME **LARRY PUYANIK**
STREET ADDRESS **535 Hardee Rd**
CITY-ST-ZIP **Coral Gables FL 33146**

TITLE **SEC**
NAME **John McKean**
STREET ADDRESS **3595 Sheridan St #103**
CITY-ST-ZIP **Hollywood FL 33021**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY PUYANIK

Pres.

4/23/02

Daytime Phone #

305 740 0118

CR2E034B (12/01)