

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90010 045 ***150.00

DOCUMENT # S81957

1. Entity Name

JOHN'S TAX AND BUSINESS SERVICES INC.

Principal Place of Business

Mailing Address

734 NW 141ST STREET
 MIAMI FL 33168

734 NW 141ST STREET
 MIAMI FL 33168-6836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0283431

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABNER, BEVERLY
734 NW 141ST STREET
MIAMI FL 33168

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

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	T ABNER, BEVERLY L.	<input type="checkbox"/> Delete
STREET ADDRESS	734 NW 141ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	S ABNER, ROBEN D.	<input type="checkbox"/> Delete
STREET ADDRESS	734 NW 141ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	P LEWIS, ROBERT D.	<input type="checkbox"/> Delete
STREET ADDRESS	734 NW 141ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D GORMAN, CHRISTINA	<input type="checkbox"/> Delete
STREET ADDRESS	301 BIRCH AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE NAME	D REIDER, CAROLYN	<input type="checkbox"/> Delete
STREET ADDRESS	2000 NE 135 ST APT 304	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VP LEWIS, MICHAEL B	<input type="checkbox"/> Delete
STREET ADDRESS	734 NW 141 ST	
CITY-ST-ZIP	MIAMI FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly L. Abner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
 Date

Date

305-681-0039
 Daytime Phone #

Daytime Phone #

CR2E034 (9/99)