I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. PRESIDENT

SIGNATURE: JEAN M VITAL

Electronic Signature of Signing Officer/Director Detail

0

City-State-Zip: HOMESTEAD FL 33033

Officer/Director Detail :			
Title	Ρ	Title	V
Name	VITAL, JEAN M	Name	VITAL, EMMANUEL
Address	2204 PORTOFINO AVE	Address	2204 PORTOFINO AVE
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033
Title	S		
Name	VITAL, MARGARETTE CHERY		
Address	2204 PORTOFINO AVE		

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:

FEI Number: 45-5380113

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2204 PORTOFINO AVE

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000049735

Entity Name: BEST RATE TAX SERVICES INC

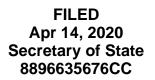
Current Principal Place of Business:

2204 PORTOFINO AVE HOMESTEAD, FL 33033

Current Mailing Address:

HOMESTEAD, FL 33033

VITAL, JEAN M 2204 PORTOFINO AVE HOMESTEAD, FL 33033 US



Certificate of Status Desired: No

04/14/2020

Date

Date