2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90472 020 ****61.25

DOCUMENT # 814298

1. Entity Name

TAROMINA APTS. INC.

Principal Place of Business	Mailing Address
1936 S OCEAN DRIVE HALLANDALE FL 33009	1936 S OCEAN DRIVE HALLANDALE FL 33009

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0933047 — 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
CALABRO, CARMELA 1936 S OCEAN DRIVE HALLANDALE FL 33009	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	PRES D ☐ Change ☒ Addition
NAME	MOSS, MICHAEL	NAME	FRANK DAMIGELLA
STREET ADDRESS	1936 S. OCEAN DRIVE 11-D	STREET ADDRESS	1936 S OCEAN DR 16A
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VPD ☒ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	VARVARO, JOHN	NAME	DOMINICK PACE
STREET ADDRESS	1936 S. OCEAN DRIVE	STREET ADDRESS	1936 S OCEAN DR 7C
CITY-ST-ZIP	HALLANDALE FL 33069	CITY-ST-ZIP	HALLANDALE FL. 33009
TITLE	VP ☐ Delete	TITLE	JENNIE CARIDI, SECY-D ☐ Change ☒ Addition
NAME	CHIRICO, MARCO	NAME	
STREET ADDRESS	1936 SO. OCEAN DRIVE	STREET ADDRESS	1936 S OCEAN DR 15A
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD ☒ Delete	TITLE	ADV D ☐ Change ☒ Addition
NAME	EDMUND, LEONARD	NAME	RAYMOND MANAHARELLI
STREET ADDRESS	1936 S. OCEAN DRIVE	STREET ADDRESS	1936 S OCEAN DR 5C
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	PD ☐ Delete	TITLE	Coor SECTY ☐ Change ☒ Addition
NAME	CALABRO, CARMELA	NAME	CARL SCALISE
STREET ADDRESS	1936 S. OCEAN DRIVE 18A	STREET ADDRESS	1936 S OCEAN DR 22A
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAMBELLI, GINO	NAME	
STREET ADDRESS	1936 S OCEAN DR #5A	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/9/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)