

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90044 013 ****61.25

DOCUMENT # 814298

1. Entity Name

TAROMINA APTS. INC.

Principal Place of Business

**1936 S OCEAN DRIVE
 HALLANDALE FL 33009**

Mailing Address

**1936 S OCEAN DRIVE
 HALLANDALE FL 33009-5978**

LU033630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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	<input checked="" type="checkbox"/> Delete
NAME	MOSS, MICHAEL	
STREET ADDRESS	1936 S. OCEAN DRIVE 11-D	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VARVARO, JOHN	
STREET ADDRESS	1936 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHIRICO, MARCO	
STREET ADDRESS	1936 SO. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDMUND, LEONARD	
STREET ADDRESS	1936 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CALABRO, CARMELA	
STREET ADDRESS	1936 S. OCEAN DRIVE 18A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ZABELLI, GINO	
STREET ADDRESS	1936 S OCEAN DR #5A	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINICK PACE	
STREET ADDRESS	1936 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS MOSS	
STREET ADDRESS	1936 S. OCEAN DR #23C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DAMINGELLA	
STREET ADDRESS	1936 S. OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMUND LEONARD	
STREET ADDRESS	1936 S. OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMELA CALABRO	
STREET ADDRESS	1936 S. OCEAN DR #15A	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Phyllis Moss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00

954-454-8043

CR2E037 (9/99)