

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

4. FEI Number

59-0933047

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

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 checked="" 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 checked="" 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	PRES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DAMIGELLA	
STREET ADDRESS	1936 S OCEAN DR 16A	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINICK PACE	
STREET ADDRESS	1936 S OCEAN DR 7C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	JENNIE CARO, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIE CARO	
STREET ADDRESS	1936 S OCEAN DR 15A	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	ADV D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND MANARELLI	
STREET ADDRESS	1936 S OCEAN DR 5C	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	COAR SECTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL SCALISE	
STREET ADDRESS	1936 S OCEAN DR 22A	
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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

CR2E037 (10/00)