

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J87181

1. Entity Name

TARATSA CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90142 011 ***150.00

Principal Place of Business

1300 S. HIGHLAND AVE.
CLEARWATER FL 33756
US

Mailing Address

1300 S. HIGHLAND AVE.
CLEARWATER FL 33756-6519
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2845439

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUN STATE MANAGEMENT & REALTY
1300 S. HIGHLAND AVE.
SUITE #1
CLEARWATER FL 33756

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]*

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	LEUNES, PETER	62 STEPNEY ST. STATEN ISLAND NY	<input type="checkbox"/> Delete			Edgemoor Avenue Staten Island, NY		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	LEUNES, GEORGE	34 GAVNOR STREET STATEN ISLAND NY	<input type="checkbox"/> Delete			34 Gavnor St Staten Island, NY		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	LEUNES, GUS	712 BUFFALO AVENUE LINDENHURST NY	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Leunes 3/2000

Date

Daytime Phone #

CR2F034 (9/99)