

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17083

1. Entity Name

TAURUS DISTRIBUTORS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90044 038 ***150.00

Principal Place of Business
16175 NW 49 AVE
MIAMI FL 33014-314
US

Mailing Address
16175 NW 49 AVE
MIAMI FL 33014-6312
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0038767
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

COPROLITE CORPORATION
SUITE 2130
1 SE 3RD AVE
MIAMI FL 33131

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	MURGEL, CARLOS A.P.	
STREET ADDRESS	16175 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MORRISON, ROBERT	
STREET ADDRESS	16175 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	SOARES, RUY	
STREET ADDRESS	16175 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	ESTIMA, LUIS F.	
STREET ADDRESS	16175 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BLANKER, DAVID	
STREET ADDRESS	16175 NW 49 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BLOOM, SI H.	
STREET ADDRESS	16175 NW 49TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Robert G. Morrison ROBERT G. MORRISON 4/11/00 305-624-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)