

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003908 AF

**DOCUMENT # L99000002125**

1. Entity Name  
**TAUBER REALTY, LLC**

**FILED**  
 00 APR 12 AM 10:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address

C/O FENDI CONDOTTI SHOPS, INC.  
 9700 COLLINS AVENUE, 3RD FLOOR  
 BAL HARBOUR FL 33154

C/O FENDI CONDOTTI SHOPS, INC.  
 9700 COLLINS AVENUE, 3RD FLOOR  
 BAL HARBOUR FL 33154-2200

2. Principal Place of Business      3. Mailing Address

**9700 Collins Ave.**      **9700 Collins Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 303**      **# 303**

City & State      City & State  
**Bal Harbour**      **BAL Harbour**

Zip      Country      Zip      Country  
**33154**      **USA**      **33154**      **USA**

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>MGRM TAUBER, IRWIN</b>	<b>9700 COLLINS AVENUE, 3RD FLOOR</b>	<b>BAL HARBOUR FL 33154</b>	<input type="checkbox"/>
			<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>100003217521</b> <b>-04/20/00--01106--020</b> <b>*****55.00 *****55.00</b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**      **4/7/00**      **(305) 761-9181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)