

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002125**

1. Entity Name
TAUBER REALTY, LLC

Principal Place of Business
**C/O FENDI CONDOTTI SHOPS, INC.
9700 COLLINS AVENUE, #303
BAL HARBOUR FL 33154**

Mailing Address
**C/O FENDI CONDOTTI SHOPS, INC.
9700 COLLINS AVENUE, #303
BAL HARBOUR FL 33154**

FILED

01 JAN 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9700 COLLINS AVE

3. Mailing Address
9700 COLLINS AVE

Suite, Apt. #, etc.
303

Suite, Apt. #, etc.
303

City & State
BAL HARBOUR - FL

City & State
BAL HARBOUR - FL

4. FEI Number **APPLIED FOR**
65-0937661

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33154

Country
USA

5. Certificate of Status Desired **7** **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **1/15/01**

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME **MGRM TAUBER, IRWIN** Delete
STREET ADDRESS **9700 COLLINS AVENUE, 3RD FLOOR**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **600003623526**
STREET ADDRESS **-02/02/01--01005--010**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/15/01** Daytime Phone # **(305) 861-8181**

CR2E083 (11/00)