

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 005 ***150.00

DOCUMENT # P00000042045
1. Entity Name
TAURIELLO & COMPANY REAL ESTATE, INC. ✓

672496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 E ATLANTIC AVENUE

3. Mailing Address
900 E ATLANTIC AVENUE

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.
#1

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

4. FEI Number
65-1002433

Applied For
Not Applicable

Zip
33483

Country
US

Zip
33483

Country
US

5. Certificate of Status Desired
\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SUE A TAURIELLO

Street Address (P.O. Box Number is Not Acceptable)
900 EAST ATLANTIC AVENUE #1

City
DELRAY BEACH

FL

Zip Code
33483

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SUE ANN TAURIELLO 200 MAC FARLANE DR #1003 DELRAY BEACH, FL 33483-6830	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sue Ann Tauriello 5/1/02 561-278-550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #