

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. ✓

DO NOT WRITE IN THIS SPACE

672496

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

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

**DO NOT WRITE
IN THIS SPACE**

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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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 561-5550

Date Daytime Phone #

CR2E034B (12/01)