2003 FOR PROFIT CORPORATION

FILED Apr 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000087131 1. Entity Name 04-10-2003 90102 001 ***150.00 TAORMINA INVESTMENTS, INC. Principal Place of Business Mailing Address 2200 GLADES ROAD #103A 2200 GLADES ROAD #103A **BOCA RATON FL 33431** BOCA RATON FL 33431_ **经存储的 教养**主义 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1137302 Not Applicable Country 7in Country 7in \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAORMINA, VINCENT Street Address (P.O. Box Number is Not Acceptable) 2200 GLADES ROAD #103A **BOCA RATON FL 33431** 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE -FILE-NOW!!!-FEE-IS-\$150.00... ~9. Election Campaign Financing ~~~ 55:00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TIT! F ☐ Addition NAME NAME TAORMINA, VINCENT A STREET ADDRESS STREET ADDRESS 2200 GLADES ROAD #103A CITY-ST-ZIE **BOCA RATON FL 33431** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME TAORMINA, LISA S STREET ADDRESS STREET ADDRESS 2200 GLADES ROAD #103A CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE ☐ Delete ☐ Addition NAME NAME TAORMINA, FRANCESCO 1 21 STREET ADDRESS STREET ADDRESS 7503 60TH LANE GLENDALE NY 11385 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME TAORMINA, NINFA N STREET ADDRESS STREET ADDRESS 7503 60TH LANE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. 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 suppliemental 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 leceive or truftee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE REQUIRED

Daytime Phone #