2002 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2002 8:00 am Secretary of State DOCUMENT # P01000110944 1. Entity Name TAURO MANAGEMENT, INC. 04-28-2002 90775 008 ***150.00 Principal Place of Business Mailing Address 266 WILSHIRE BLVD STE 127 266 WILSHIRE BLVD STE 127 CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAPHAEL, TAURO S Street Address (P.O. Box Number is Not Acceptable) 266 WILSHIRE BLVD STE 127 CASSELBERRY FL 32707 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax.filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) - Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CR2F034 (9/01) RAPHAEL, TAURO S NAME NAME STREET ADDRESS 266 WILSHIRE BLVD STE 127 STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME RAPHAEL, TAURO S NAME 266 WILSHIRE BLVD STE 127 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP CASSELBERRY FL 32707 TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED