

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90001 044 ***150.00

0151455

DOCUMENT # P93000054573

1. Entity Name
T A I R O INTERNATIONAL, INC.

Principal Place of Business
26 S.E. 2ND AVENUE SUITE 239 MIAMI FL 33137
1111 KANE CONCOURSE SUITE 218 BAY HARBOR, FL. 33154

Mailing Address
26 S.E. 2ND AVENUE SUITE 1239 MIAMI FL 33137
1111 KANE CONCOURSE SUITE 218 BAY HARBOR, FL. 33154

819257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 KANE CONCOURSE
 Suite, Apt. #, etc.
SUITE #218
 City & State
BAY HARBOR, FL.

3. Mailing Address
1111 KANE CONCOURSE
 Suite, Apt. #, etc.
SUITE #218
 City & State
BAY HARBOR, FL.

4. FEI Number **65-0427561**
 Applied For
 Not Applicable

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

Zip Country
FL 33154 DADE

6. Name and Address of Current Registered Agent
KAHN, DONALD ESQUIRE
317 - 71ST STREET
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
 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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASSAN, ROBERT J		NAME		
STREET ADDRESS	8958 FROUDE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASSAN, TANIA		NAME		
STREET ADDRESS	8958 FROUDE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/4/01** Daytime Phone # **305-864-8933**

CR2E034 (10/00)