

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037472

1. Entity Name

TAYLOR INFORMATION ENGINEERING GROUP, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90097 002 ***150.00

Principal Place of Business

6001 NW 153RD ST
 SUITE 140
 MIAMI LAKES FL 33014
 US

Mailing Address

5950 VIST LINDA LN
 BOCA RATON FL 33433-8230
 US

2. Principal Place of Business

3145 SAINT JAMES DR
 Suite, Apt. #, etc.

3. Mailing Address

3145 SAINT JAMES DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0746388

Applied For

Not Applicable

Zip

33434

Country

PALM BEACH

Zip

33434

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREVITI, PETER
 5825 SUNSET DRIVE
 SUITE 210
 MIAMI FL 33143

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, 2000 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
NAME	TAYLOR, MICHAEL	
STREET ADDRESS	5950 VISTA LINDA LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, NANCY	
STREET ADDRESS	5950 VISTA LINDA LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

27-APR-2000 (561) 702-8540

Date

Daytime Phone #

CR2E034 (9/99)