

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000055583**

1. Entity Name

**TAURANII ENTERPRISES, INC.****FILED****Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90062 028 \*\*\*150.00

Principal Place of Business <b>5120 HAWKHURST AVE FT LAUDERDALE FL 33331 US</b>	Mailing Address <b>5120 HAWKHURST AVE FT LAUDERDALE FL 33331 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0674500	Applied
		Not

5. Certificate of Status Desired ☐ **\$8.75** Fee**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RUSHIN, JERRY  
235 N.E. 148TH ST.  
MIAMI FL 33161**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSHIN, JERRY</b>	
STREET ADDRESS	<b>235 N.E. 148TH ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSHIN, SHELBY</b>	
STREET ADDRESS	<b>20910 N.E. 8TH CT. #202</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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

Date

Daytime Phone #

CR2E034 (10/00)