

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90458 021 ***158.75

DOCUMENT # P96000081676

1. Entity Name

TAURUS REALTY CORPORATION

Principal Place of Business

Mailing Address

1400 E. NEWPORT CENTER DRIVE**1400 E. NEWPORT CENTER DRIVE****SUITE 209****SUITE 209****DEERFIELD BEACH FL 33442-4219****DEERFIELD BEACH FL 33442-7713**

2. Principal Place of Business

3. Mailing Address

1350 E. Newport Center**PO BOX 4219**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 206

City & State

City & State

Deerfield Beach, FL**Deerfield Beach, FL**

Zip

Country

Zip

Country

33442**USA****33442-4219****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1350 E. Newport Center Dr. Ste 206

City

Deerfield Beach,**FL**

Zip Code

33442

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 State10. 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 ☐ Delete
NAME **VP**
STREET ADDRESS **REIBLING, GUENTHER**
CITY-ST-ZIP **1400 E NEWPORT CTR DR STE 209**
DEERFIELD BCH FLTITLE ☒ Change ☐ Addition
NAME **Reibling, Geunther**
STREET ADDRESS **1350 E. Newport Center DR. Ste 206**
CITY-ST-ZIP **Deerfield Beach, FL 33442**TITLE ☐ Delete
NAME **P**
STREET ADDRESS **REIBLING, LORENZ**
CITY-ST-ZIP **1400 E NEWPORT CENTER DR**
DEERFIELD BEACH FL 33442TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1350 E. Newport Center Dr. Ste 206**
CITY-ST-ZIP **Deerfield Beach, FL 33442**TITLE ☐ Delete
NAME **VPAS**
STREET ADDRESS **KASSOF, LINDA G**
CITY-ST-ZIP **1400 E NEWPORT CENTER DR**
DEERFIELD BEACH FL 33442TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1350 E. Newport Center Dr. Ste 206**
CITY-ST-ZIP **Deerfield Beach, FL 33442**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Linda G. Kassof*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Kassof 4/27/00

Date

Daytime Phone #

CR2E034 (9/99)