

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096254

1. Entity Name
TAURUS ENTERPRISES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 91000 046 ***150.00

Principal Place of Business
**780 NE 69 ST., UNIT T-9
MIAMI FL 33138
US**

Mailing Address
**780 NE 69TH STREET
SUITE 201
MIAMI FL 33138
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0716461**

Applied For
Not Applicable

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

**SILVA, MARIBEL G
780 NE 69 ST., UNIT T-9
MIAMI FL 33138**

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 _____ (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

TITLE	DS	☐ Delete
NAME	SILVA, ROBERTO M	
STREET ADDRESS	780 NE 69TH STREET, UNIT 201	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DPT	☐ Delete
NAME	SILVA, MARIBEL G	
STREET ADDRESS	780 NE 69TH STREET, UNIT 201	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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: *Maribel Silva* **President** **4/11/2001** **(305) 758-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR