

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000070649

FILED
Mar 03, 2003
Secretary of State

Entity Name: TAFT STREET PARTNERS, INC.

Current Principal Place of Business:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0773221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERISIARTU, IVETTE M.
Address: 516 CALIGULA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: HOFFMAN, JOHN L.
Address: 516 CALIGULA AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOFMANN, JOHN L.
Address: 516 CALIGULA AVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. HOFMANN

VP

03/03/2003

Electronic Signature of Signing Officer or Director

Date