

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000029947

1. Entity Name

LAUREN TAYLOR PROPERTIES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90037 036 \*\*\*150.00

Principal Place of Business

Mailing Address

6280 NW 27 WAY  
FT. LAUDERDALE FL 33309

6280 NW 27 WAY  
FT. LAUDERDALE FL 33309-1729

2. Principal Place of Business

1320 NW 65 PI

Suite, Apt. #, etc.

3. Mailing Address

1320 NW 65 PI

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

105-0916429

Applied For

Not Applicable

Zip

Country

33309

Zip

Country

33309

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACILLO, JOSEPH  
6280 NW 27 WAY  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Joseph Pacillo

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

1320 NW 65 PI

City

FT LAUDERDALE FL

Zip Code

33309

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
JOSEPH M PACILLO President 4932 NW 105 Dr Coral Springs, FL 33076 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Vice Pres. Arlene J. Pacillo 4932 NW 105 Dr Coral Springs, FL 33076 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Joseph M Pacillo* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

954-968-1999

Daytime Phone #