

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-07-2002 90229 034 ***158.75

DOCUMENT # P99000035314

1. Entity Name

TAURUS APARTMENTS STAR 1, INC.

Principal Place of Business

**1400 EAST NEWPORT CENTER DRIVE
 SUITE 209
 DEERFIELD BEACH FL 33442**

Mailing Address

**1400 EAST NEWPORT CENTER DRIVE
 SUITE 209
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

1350 EAST NEWPORT CENTER DR. (same as to left)

3. Mailing Address

Suite, Apt. #, etc.

SUITE 206

City & State

DEERFIELD BEACH, FL 33442

4. FEI Number

65-0921502

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AKERMAN, SENTERFITT & EIDSON, P.A.
 777 SOUTH FLAGLER DRIVE
 SUITE 900 EAST TOWER
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

KAY, JAMES R.

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

KAY LAW OFFICES

11505 FAIRCHILD GARDENS AVE. SUITE 203

City

PALM BEACH GARDENS

FL

Zip Code

33410

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	REIBLING, LORENZ	
STREET ADDRESS	1400 EAST NEWPORT CENTER DR. SUITE 209	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIBLING, GUENTHER	
STREET ADDRESS	1400 EAST NEWPORT CENTER DR. SUITE 209	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KASSOF, LINDA	
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE 208	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1350 E NEWPORT CENTER DR. SUITE 206	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1350 E NEWPORT CENTER DR. SUITE 206	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

LINDA KASSOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)