

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000037086**

1. Entity Name

TAURUS APARTMENTS STAR II, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90461 039 ***158.75

C0063312

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1350 E NEWPORT CENTER SUITE 206 DEERFIELD BEACH FL 33442 US		Mailing Address P.O. BOX 4219 DEERFIELD BEACH FL 33442-4219 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0921503		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAY, JAMES R 777 SOUTH FLAGLER DRIVE SUITE 900 EAST TOWER WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent 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 _____ 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIBLING, LORENZ 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BEACH FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KASSOF, LINDA 1350 E NEWPORT CENTER DR, STE 206 DEERFIELD BEACH, FL 33442 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIBLING, GUENTHER 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BEACH FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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: <u>Linda Kassof</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-25-01</u> Daytime Phone # <u>954-428-4588</u>	

5111

CR2E034 (10/00)