

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057327

1. Entity Name

TAORMINA DEVELOPMENT, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90099 001 \*\*\*150.00

Principal Place of Business

7000 ISLAND BLVD.  
APT 507  
MIAMI FL 33160

Mailing Address

7000 ISLAND BLVD.  
APT 507  
MIAMI FL 33160-2458

2. Principal Place of Business

501 Brickell Key Drive

3. Mailing Address

Suite, Apt. #, etc.  
Suite 400

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

Zip  
33131

Country  
USA

Zip

Country

4. FEI Number

☒ 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

DICHY, SAMIR  
7000 ISLAND BLVD.  
APT 507  
MIAMI FL 33160

Name

NS Corporate Services Inc.

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

501 Brickell Key Drive Suite 400

City

Miami

FL

Zip Code  
33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DICHY, SAMIR  
7000 ISLAND BLVD. APT. 507  
MIAMI FL 33160 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
FLAVIA NASCIMENTO  
501 Brickell Key Drive Suite 400  
Miami, FL 33131 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2000 (305) 374-0030

Date

Daytime Phone #

CR2E034 (9/99)