2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90084 042 ***158.75

DOCUMENT # S01768

1. Entity Name
TAYLOR FIVE, INC.

Principal Place of Business
5625 NW 7TH AVE
MIAMI FL 33127

Mailing Address
5625 NW 7TH AVE
MIAMI FL 33127

2. Principal Place of Business	Taylor Five, Inc.	3. Mailing Address	Taylor Five, Inc.
Suite, Apt. #, etc.	7975 N.W. 27TH AVE.	Suite, Apt. #, etc.	7975 N.W. 27TH AVE.
City & State	MIAMI FL 33147	City & State	MIAMI FL 33147
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0215593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAYLOR, WILLIE H.
5625 NW 7TH AVE
MIAMI FL 33127

7. Name and Address of New Registered Agent
Name TAYLOR, WILLIE H.
Street Address (P.O. Box Number is Not Acceptable)
9540 BISCAYNE BLVD.
City MIAMI FL 33138 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 65-0215593 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, WILLIE H. 5625 NW 7TH AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, WILLIE H. 9540 BISCAYNE BLVD. MIAMI FL 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TAYLOR, LULA M 5625 NW 7TH AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TAYLOR, LULA M 9540 BISCAYNE BLVD. MIAMI FL 33138	☒ Change ☐ Addition
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Taylor 2/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)