

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90066 032 ****61.25

0045593

DOCUMENT # 713888
 1. Entity Name
TARA ASSOCIATION, INC.

Principal Place of Business Mailing Address
2121 NORTHEAST 68 STREET **2121 NORTHEAST 68 STREET**
FORT LAUDERDALE FL 33308 **FORT LAUDERDALE FL 33308**

C0041669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1237569** Applied For
 Not Applicable

5. Certificate of Status Desired ~ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOYNER, PAMELA
2121 N.E. 69TH ST
APT. 101
FORT LAUDERDALE FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	VD LIST, SIMONE	<input type="checkbox"/> Delete
STREET ADDRESS	2121 NE 68TH ST., APT. #106	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	PD JOYNER, PAMELA	<input type="checkbox"/> Delete
STREET ADDRESS	2121 NE 68TH ST., APT. #101	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	TD RASKU, WAYNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2121 NE 68TH ST., APT. 205	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE NAME	SD GRICE, MYRNA	<input type="checkbox"/> Delete
STREET ADDRESS	2121 NE 68 ST., APT 113	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE NAME	D HADDIX, MINDY	<input type="checkbox"/> Delete
STREET ADDRESS	2121 NE 68ST., APT#201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD PAUL M FALANGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2121 NE 68 ST #114	
CITY-ST-ZIP	FT. L. FL. 33308	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Paul M Falanga* **ATUFPALE (M) FALANGA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-01-01** Daytime Phone #: **954-771-5973**
7-1-01 **954-563-4252**

CR2E037 (10/00)