

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90180 044 ****61.25

DOCUMENT # 713888

1. Entity Name

TARA ASSOCIATION, INC.

Principal Place of Business

2121 NORTHEAST 68 STREET
 FORT LAUDERDALE FL 33308

Mailing Address

2121 NORTHEAST 68 STREET
 FORT LAUDERDALE FL 33308

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOYNER, PAMELA
2121 N.E. 69TH ST
APT. 101
FORT LAUDERDALE FL 33308

PLEASE CORRECT STREET ADDRESS

7. Name and Address of New Registered Agent

Name

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

2121 NE 68TH ST

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.

NA

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	LIST, SIMONE	
STREET ADDRESS	2121 NE 68TH ST., APT. #106	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOYNER, PAMELA	
STREET ADDRESS	2121 NE 68TH ST., APT. #101	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FALANGA, PAUL M	
STREET ADDRESS	2131 NE 68 ST. #114	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRICE, MYRNA	
STREET ADDRESS	2121 NE 68 ST., APT 113	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HADDIX, MINDY	
STREET ADDRESS	2121 NE 68ST., APT#201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Myrna V. Grice
MYRNA V. GRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-02

Date

954-771-5973

Daytime Phone #

CR2E037 (9/01)

0022555