

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90084 020 ***150.00

DOCUMENT # L50778
1. Entity Name
TARICH CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16470 NE 30 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
16470 NE 30 AVENUE
Suite, Apt. #, etc.

4. FEI Number
59-2998258
Applied For
Not Applicable

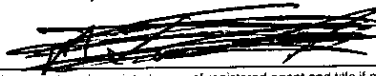
City & State
N. MIAMI BEACH, FL
Zip
33160
Country

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Zip
33160
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
TARICH, MOSHE MARK
Street Address (P.O. Box Number is Not Acceptable)
16470 NE 30 AVENUE
City
N. MIAMI BEACH FL 33160

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARICH, MOSHE MARK 16470 NE 30 AVENUE N. MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARICH, BENNY 2315 BISCAYNE BAY DRIVE N. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mark Tarich** 4/28/02 3055352250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)