

2002 UNIFORM BUSINESS REPORT (UBR)

0010945 AT

DOCUMENT # **A00000002020**

1. Entity Name

TARZACH, LTD.

FILED

02 FEB 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

520 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304

520 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-1076083

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUTTER JOSEPH & RUFFIN, P.A.
100 WEST CYPRSS CREEK ROAD, SUITE 900
FT. LAUDERDALE FL 33309

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

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

DATE

9. Capital Contributions as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

not in excess of no. 9

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L0000015823**
NAME **DRDM SMITH, LLC**
STREET ADDRESS **520 MIDDLE RIVER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

STREET ADDRESS
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/21/02

CR2E003 (9/01)

STAPLE CHECK HERE