LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000002204

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 17 PM 1:52

1. Entity Name

THE TARSHIS HOLDINGS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8486 NW 78 COURT	C/O JACOB ROSENBERG
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1140 AVE OF THE AMERICAS
City & State TAMARAC FL	City & State NEW YORK
Zip 33321 Country USA	Zip 10036 Country USA

DUE BY MAY 1

4. FEI Number 65-0716845 — Applied For — Not Applicable

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: TARSHIS, JACK

Street Address (P.O. Box Number is Not Acceptable): 8486 NW 78 COURT

City: TAMARAC FL Zip Code: 33321

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: X [signature] DATE: 4-1-2002

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

9. Capital Contributions as Shown on Record: 990

10. Amount of Capital Contributions in FLORIDA to date:

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

DOCUMENT #	P96000103243
NAME	TARSHIS INVESTMENTS INC.
STREET ADDRESS	8486 NW 78 COURT
CITY-ST-ZIP	TAMARAC FL 33321
DOCUMENT #	
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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: X [signature]