

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90041 002 \*\*\*150.00

**DOCUMENT # L32830**

1. Entity Name

**TAMARIND INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

C/O JOSEPH DAHRUJ, JR.  
 7512 DR. PHILLIPS BLVD. SUITE 50-233  
 ORLANDO FL 32819

C/O JOSEPH DAHRUJ, JR.  
 7512 DR. PHILLIPS BLVD. SUITE 50-233  
 ORLANDO FL 32819-5131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0168377**

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

**DYMOND, WILLIAM T ESQ**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

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.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAHRUJ, JOSEPH JR</b>	
STREET ADDRESS	<b>7512 DR. PHILLIPS BLVD., SUITE 50-233</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** JOSEPH DAHRUJ, JR. 2/10/00 407-997-7200  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)