

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005462

1. Entity Name

TARU GARDENS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-26-2000 90097 008 ****61.25

Principal Place of Business
14 SO. SWINTON AVE.
DELRAY BEACH FL 33444
US

Mailing Address
14 SO. SWINTON AVE.
DELRAY BEACH FL 33444-3654
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2128954
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANO, RODNEY G
14 SO. SWINTON AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name
SMITHER, ROBERT M. JR
Street Address (P.O. Box Number is Not Acceptable)
14 S. SWINTON AVE.
City DELRAY BEACH FL Zip Code 33444

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 ROBERT M. SMITHER, JR VTD 4/21/00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARVEY, SIMON R	
STREET ADDRESS	14 S SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SMITHER, ROBERT M JR	
STREET ADDRESS	14 S SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WINTZER, WILLIAM R	
STREET ADDRESS	14 S SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTA SAN MARTIN	
STREET ADDRESS	14 S. SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAN MARTIN, MARTA E.	
STREET ADDRESS	14 S. SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
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: ROBERT M. SMITHER, JR 4/21/00 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)