

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035113

1. Entity Name  
**T.A.R. HOLDINGS CORPORATION**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90121 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1054 KANCE CONCOURSE -~~  
~~BAY HARBOR ISLANDS FL 33154 -~~

~~-- 1054 KANCE CONCOURSE --~~  
~~-- BAY HARBOR ISLANDS FL 33154 --~~

2. Principal Place of Business

**7751 JUNIPER STREET**

3. Mailing Address

**7751 JUNIPER STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIRAMAR, FLORIDA**

City & State  
**MIRAMAR, FLORIDA**

4. FEI Number  
**65-0507871**

Applied For  
Not Applicable

Zip  
**33023**

Country

Zip  
**33023**

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

~~-- THE LAW OFFICES SALLY N. SAWH, P.A. --~~  
~~-- 1054 KANCE CONCOURSE --~~  
~~-- BAY HARBOR ISLANDS FL 33154 --~~

Name  
**TREVOR A. RAMSINGH**  
Street Address (P.O. Box Number is Not Acceptable)  
**7751 JUNIPER STREET**  
City  
**MIRAMAR, FL** Zip  
**33023**

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)

4-18-01

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, 2001 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

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

SIGNATURE: **TREVOR A. RAMSINGH** President, 4-18-01 954-964-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

015843-90