## 2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## Sep 03, 2002 8:00 am Secretary of State **DOCUMENT #** P00000091666 08-04-2002 90162 001 \*\*\*150.00 1. Entity Name TARARHETT CORP Principal Place of Business Mailing Address 1200 N. UNIVERSITY DRIVE 1200 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1041122 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name GIERUM, BRUCE Street Address (P.O. Box Number is Not Acceptable) 16390 PADDOCK LN WESTON FL 33326 City 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. I am familiar with, and accept the obligations of registered agent. クペVCE SIGNATURE , typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature requ red when reinstating) N. OVER / CONCERNATION Financin 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 /S \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME GIERUM, BRUCE NAME STREET ADDRESS 16390 PADDOCK LN. STREET ADDRESS. CR2E034 CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE VSD ☐ Delete TITLE Change Addition NAME GIERUM, BARBARA NAME STREET ADDRESS 16390 PADDOCK LN. STREET ADDRESS CITY-ST-7IP WESTON FL 33326 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

TARARNET CORP JOIA

"Woodandironfurniture.com
1200 UNIVERSITY DR.
PEMBROKE PINES FL. 33024
(954) 4335220

Florida Dept of State

Cinnual Reports Division: le : l'00000091666

Per our Telephone Conversation Leve is
a letter stating we never received the original
150 Filing letter and Please note we lad.
Crossed out the \$550 Fee and charged to 150

per our telephone Conversation and we signed it
and thought that would serve as our letter.

Thank you.

Thank gov.

Bruce spierre,

Polo: