2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000096914

1. Entity Name

TAREA CORPORATION



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90102 028 ***150.00

			1,000	EIR			
Principal Pla	ace of Business	Mailing Address					
3735 S.W. 8 STREET SUITE 105		3735 S.W. 8 STREET SUITE 105		Ì			
CORAL GABLES FL 33134		CORAL GABLES FL 33134		ļ			
		COUNT ONDEED LE 331	34			ana isha bilib ish	
2. Principal	Place of Business	3. Mailing Address					
,		January Hadross		ĺ	•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
					☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4	4. FEI Number Applied For Not Applicable		
				"			
Zip Country		Zip Coun		\$9.75			
				5.	Certificate of Status Desired	Fee Requir	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registere	•	
			Name				
GARCIA,	SERAFIM M	- آن سمنت میک هیگانید د ر سیمین ت -		وليت المن المنظم			
3735 S.V	V. 8 STREET	Street Address		ddress (P.O. I	s (P.O. Box Number is Not Acceptable)		
SUITE 10	05			·			
	GABLES FL 33134	-					
OUTUL	2 IDEEO 1 E 00 104		City		F	Zip Coo	de
8. The above	e named entity submits this statement for	or the nurnose of changing its	s registered office or	rociotorod -			
the obliga	tions of registered agent.	or wie purpose of changing its	s registered diffice of	registered aç	jenit, or both, in the State of Florida. Tai	m tamiliar with	, and accept
	¥;				•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (AIOI	C. Basisana d A				
		and the happineasie. (NO)	E: Registered Agent signatu	re required when r	reinstating) DATE	<u>:</u>	
ŗ	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	AF 4	
Atte	r May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.		00 May Be d to Fees
,	k Payable to Florida Department o	State				— Adde	u to rees
10.	OFFICERS AND	DIRECTORS	11.	ΑC	DDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	S IN 11
TITLE .	P. OFPIER	☐ Delete	TITLE			☐ Change	Addition
NAME	GARCIA, SERAFIN M		NAME .			_ •	_
STREET ADDRESS	.3735 S.W. 8 STREET		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	·			
TITLE	Sp	☐ Delete	TITLE	<u>s</u>		Channa	- Addition
NAME	TURRE, AGUSTIN		NAME	TORE	RE AGUSTIN	Change Change	☐ Addition
STREET ADDRESS	3735 S.W. 8 STREET		STREET ADDRESS	7730	- 5W 85T		}
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	CORAL	RE, AGUSTIN - S.W 8 ST - EABLES FL 3313	/	
TITLE		□ Delete	TITLE	CU/-// C			
NAME		Delete	NAME			☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		and the second of the second o	-	
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NAME		CTI Delete	TITLE NAME			Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP				
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NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME			•	İ
CITY-ST-ZIP			STREET ADDRESS				}
		Hn - 1	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				

12. I hereby certify that the information supplies 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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a piner like empowered. REQUIRED M CANCER

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNA'

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