

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045513

1. Entity Name

TARAFUND, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90089 047 ***150.00

Principal Place of Business

Mailing Address

20803 BISCAYNE BLVD., STE. 200
AVENTURA FL 33180

270 SOUTH HIBISCUS DRIVE
MIAMI BEACH FL 33139-5132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1688 MERIDIAN AVE

502

MIAMI BEACH, FL

33139



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0583739

Applied For

Not Applicable

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

MALINSKI, NORMN
20803 BISCAYNE BLVD., STE. 200
AVENTURA FL 33180

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 ☐ Delete
NAME D
STREET ADDRESS TARACIDO, MANUEL E
CITY-ST-ZIP 270 S. HIBISCUS DRIVE
MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1688 MERIDIAN AVE #502
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL E. TARACIDO

4/15/00 (305) 612 8088

Date

Daytime Phone #

CR2E034 (9/99)