

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000051180**  
 1. Entity Name  
**TARA SHOPPING PLAZA, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90825 001 \*\*\*300.00

Principal Place of Business Mailing Address  
**11620 MASTERS RUN 11620 MASTERS RU**  
**ELWICOTT CITY, MD. 21042 ELWICOTT CITY, MD**

**7672**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEJ Number **65-0760460** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PFLUGNER J. GEOFFREY**  
**2033 MAIN ST. STE. 101**  
**SARASOTA, FL. 34237**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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  
 Delete  
 TITLE **D**  
 NAME **JAIN, MISHRILAL**  
 STREET ADDRESS **11620 MASTERS RUN**  
 CITY-ST-ZIP **ELWICOTT CITY, MD. 21042**  
 Delete  
 TITLE **D**  
 NAME **JAIN, KAMAL M.**  
 STREET ADDRESS **11620 MASTERS RUN**  
 CITY-ST-ZIP **ELWICOTT CITY, MD. 21042**  
 Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition  
 TITLE  
 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: **Mishrilal Jain** April 7, 2000 (410)995-0762  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**(MISHRILAL JAIN, PRESIDENT)**

CR2E034 (9/99)