

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078810

1. Entity Name
TARA INTERNATIONAL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90126 032 ***150.00

Principal Place of Business
9226 RIDGE PINE TR
ORLANDO FL 32819

Mailing Address
9226 RIDGE PINE TR
ORLANDO FL 32819-4846

2. Principal Place of Business
TARA INTERNATIONAL INC

3. Mailing Address
9226 RIDGE PINE TRAIL

Suite, Apt. #, etc.
9226 RIDGE PINE TRAIL

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO, FL 32819

Zip
32819

Country
U.S.A

Zip
32819

Country
U.S.A

4. FEI Number
59-3533071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HONGSRANONT, OPHAS
9226 RIDGE PINE TR
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name
YOUTH CHANTARA
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 5513
City
WINTER PARK FL Zip Code
32973

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
YOUTH CHANTARA
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
4-27-00

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	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONGSRANONT, OPHAS		NAME		
STREET ADDRESS	9226 RIDGE PINE TR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONGSRANONT, JARUNUN R		NAME		
STREET ADDRESS	9226 RIDGE PINE TR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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
Date
Daytime Phone #

CR2E034 (9/99)