

2000 UNIFORM BUSINESS REPORT (UBR)

5/26

FILED Jun 29, 2000 8:00 am Secretary of State

05-26-2000 90078 032 ***150.00

DOCUMENT # P99000000879

1. Entity Name

419 TAMARIND INVESTMENTS, INC.

Principal Place of Business

Mailing Address

552 PALM DRIVE
HALLENDALE FL 33009

552 PALM DRIVE
HALLENDALE FL 33009-6534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0939693

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

FELDMAN, DAVID ESO.
407 LINCOLN ROAD, STE. 701
MIAMI BEACH FL 33139

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 date 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 NAME STREET ADDRESS CITY-ST-ZIP
PSTD LALO, EYAL 552 PALM DRIVE HALLENDALE FL 33009 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

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 an officer I am empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Daytime Phone #

CR2004 (9/99)