

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006247

1. Entity Name

KAREN E. TARBET, P.A.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90267 028 \*\*\*150.00

Principal Place of Business

4490 NW 16TH TERRACE  
OAKLAND PARK FL 33309

Mailing Address

4490 NW 16TH TERRACE  
OAKLAND PARK FL 33309

2. Principal Place of Business

4421 NW 10 ST

Suite, Apt. #, etc.

3. Mailing Address

4421 NW 10 ST

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0890326

Applied For

Not Applicable

Zip

33066

Country

USA

Zip

33066

Country

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

TARBET, KAREN E  
4490 NW 16TH TERRACE  
OAKLAND PARK FL 33309

Name

Karen E. Tarbet

Street Address (P.O. Box Number is Not Acceptable)

4421 NW 10 ST

City

Coconut Creek

FL

Zip Code

33066

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)

Pres. (Karen E. Tarbet, Pres)

3/23/01

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, 2001 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 PD ☐ Delete  
NAME TARBET, KAREN E  
STREET ADDRESS 4490 NW 16 TERRACE  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE PDS ☒ Change ☐ Addition  
NAME Karen E. Tarbet  
STREET ADDRESS 4421 NW 10 ST.  
CITY-ST-ZIP Coconut Creek, FL 33066

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3/23/01

Date

(954) 973-8821

Daytime Phone #

CR2E034 (10/00)