SEP-12-2002 13:02

# FILED
# Sep 16, 2002 8:00 am
# Secretary of State

09-16-2002 90091 036 ***550.00

DOCUMENT # P00000053005

1. Entity Name

TARASCAS Pool Hall, INC

Principal Place of Business

1661 NE 8 St
Homestead, FL. 33030

Mailing Address

B01138265

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1661 NE 8 St
Suite, Apt. #, etc.
City & State
Homestead, FL
Zip 33030
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
22-3862250
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCISCO MANRIQUEZ
1661 NE 8 St
Homestead, FL 33030

7. Name and Address of New Registered Agent

Name ROSALINA MANRIQUEZ
Street Address (P.O. Box Number is Not Acceptable)
1661-1663 NE 8 St
City Homestead FL Zip Code 33030

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 Rosalina Manrique ROSALINA MANRIQUEZ 9/12/02
Signature, type or print 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, 2003 Fee will be $500.00**
**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 | P<br>MANRIQUEZ, ROSALINA<br>1661 NE 8 ST<br>HOMESTEAD, FL. 33030 | ☑ Delete | P<br>MANRIQUEZ, ROSALINA<br>1661 NE 8 ST<br>HOMESTEAD, FL. 33030 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MANRIQUEZ, FRANCISCO<br>1661 NE 8 ST<br>HOMESTEAD, FL 33030 | ☑ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/99)

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:** Rosalina Manrique ROSALINA MANRIQUEZ, 9/12/02 305/245-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

TOTAL P.03