

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90098 048 ***550.00

DOCUMENT # P99000079793

1. Entity Name ✓
MR. CHURRO, INC.

Principal Place of Business C/O GUNSTER, YOAKLEY, VALDES-FAULI, P.A. 2 SO. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33134	Mailing Address C/O GUNSTER, YOAKLEY, VALDES-FAULI, P.A. 2 SO. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131-1802
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2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

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

4. FEI Number Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

<p>6. Name and Address of Current Registered Agent</p> <p>VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name RJVF Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Steel Hector & Davis LLP 200 S. Biscayne Blvd., Suite #4100 City Miami FL Zip Code 33131</p>
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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 _____

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	<p><input type="checkbox"/> Delete</p> <p>D LAURIA, ANTONIO E PMB 325 1291-A S. POWERLINE ROAD POMPAÑO BEACH FL 33069</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>P/S Lauria P., Antonio E. PMB 325, 1291- A S. Powerline Road Pompano Beach, Florida 33069</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ANTONIO E. LAURIA** **QUINCE** 8/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)