

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90084 026 ***150.00

C0095922

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000094243
 1. Entry Name
TAQUERIA LA PERLA, INC

Principal Place of Business: **4620 OSCEOLA POINT TRAIL, KISSIMMEE, FL 34746**
 Mailing Address: **P.O. BOX 421607, KISSIMMEE, FL 34742**

2. Principal Place of Business: **4620 OSCEOLA POINT TRAIL, KISSIMMEE, FL 34746**
 3. Mailing Address: **P.O. BOX 421607, KISSIMMEE, FL 34742**

6. Name and Address of Current Registered Agent
AVONCE, ZEFERINO
4620 OSCEOLA POINT TRAIL
KISSIMMEE, FL 34746

4. FEI Number: **59-3608875**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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: *Zeferino Avonce* (NOTE: Registered Agent signature required when re-registering)
 DATE: **4/26/2000**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:
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	
NAME PSD AVONCE, ZEFERINO P.O. BOX 421607 KISSIMMEE, FL 34742	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VPD SOTO, ANGEL M 4611 OSCEOLA POINT TRAIL KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information reported with this filing does not qualify for the exemption provided in Section 190.07(3)(c), Florida Statutes. I further certify that the information and data in 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 traveler or trustee empowered to execute this report, as provided by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report, or in an attachment with an address, with all other like empowerments.
 SIGNATURE: *Zeferino Avonce* **ZEFERINO AVONCE** **4/26/2000**

CR2E034 (9/99)