

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 286726

1. Entity Name

TAKAHO CORPORATION

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90042 001 ***550.00

Principal Place of Business

4710 82ND AVENUE
#1110
VERO BEACH FL 32967
US

Mailing Address

4710 82ND AVENUE
#1110
VERO BEACH FL 32967
US

2. Principal Place of Business

13334 Polo Club Rd.

3. Mailing Address

13334 Polo Club Rd.

Suite, Apt. #, etc.

Apt. # 339

Suite, Apt. #, etc.

Apt. # 339

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1086560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERGARA, CARLOS M.
4710 82ND AVENUE
SUITE 216
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

John Fenn Foster

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

501 S. Flagler Dr., Suite 305

City

West Palm Beach

FL

Zip Code

33401

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]

John Fenn Foster

7-20-00

Signature, typed or printed 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRACKEN, STANLEY	
STREET ADDRESS	4710 82ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, JUAN IGNACIO	
STREET ADDRESS	4710 82ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARNES, PAUL D. JR.	
STREET ADDRESS	1570 MADRUGA AVENUE SUITE 211	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTA, ALVARO L	
STREET ADDRESS	13334 POLO CLUB RD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IGLESIAS, JORGE	
STREET ADDRESS	1843 INDIAN ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERGARA, CARLOS M.	
STREET ADDRESS	4710 82ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vivian L. Carta	
STREET ADDRESS	13334 Polo Club Rd. #339	
CITY-ST-ZIP	Wellington FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vivian C. Sanchez	
STREET ADDRESS	13334 Polo Club Rd. #339	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/00 (561) 793-6398