

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674721

1. Entity Name

P. TAVILLA CO. (MIAMI), INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90072 007 ***150.00

| | |
|---|---|
| Principal Place of Business 1245 NW 21ST ST. MIAMI FL 33142 | Mailing Address 15305 DALLAS PKWY STE 1010- ATTN: STACY KOHN DALLAS TX 75248 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|-----------------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State ADDISON TX |
| Zip | Country US |
| | Zip 75001 |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2005074 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**VAZQUEZ, WALTER R
1245 NW 21ST ST.
MIAMI FL 33142**

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 _____ (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.

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WALTER R. VASQUEZ 1245 NW 21ST TERR MIAMI FL 33142 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MCCLENDON, MARK 16 FOREST PKWY., BLDG. H FOREST PARK GA 30297 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Kruk, BERNADETTE M. 15305 DALLAS PKWY- STE 1010 DALLAS TX 75248 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS STURGEON, BRIAN M 15305 DALLAS PKWY- STE 1010 DALLAS TX 75248 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT STURGEON, BRIAN M 15305 DALLAS PKWY- STE 1010 DALLAS TX 75248 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, MITT 15305 DALLAS PKWY- STE 1010 DALLAS TX 75248 <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST EDUARDO SOLANA 1245 N.W. 21ST STREET MIAMI, FL 33142 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDISON TX 75001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDISON TX 75001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDISON TX 75001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDISON TX 75001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Bernadette Kruk Bernadette Kruk 4/14/00 912-392-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)