

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2001 8:00 am Secretary of State

06-04-2001 90014 017 ***550.00

DOCUMENT # K40438

1. Entity Name: FLACO RESTAURANT, INC.

Principal Place of Business: 2212 TAMiami TRAIL NORTH NAPLES FL 33940

Mailing Address: 2212 TAMiami TRAIL NORTH NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0148285

Applied For Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEJIO, RAUL 2212 N. TAMiami TRAIL NAPLES FL 33940

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: [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to elect to be an S corporation... Tax filing requirement and elects to do so.

FILE NOW! After MAY 1, 2001 FEE IS \$150.00 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: P NAME: FIGUEROA, TITO STREET ADDRESS: 80 HOLLYWOOD DR CITY-ST-ZIP: OAKDALE NY

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Change Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Change Addition

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Change 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; that this report is 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)