## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # L23153** 1. Entity Name TAQUERAL CORPORATION 04-28-2000 90088 030 \*\*\*150.00 Mailing Address Principal Place of Business 601-S-BAYSHORE 601-S-BAYSHORE-BLVD-SUITE BOO TAMPA FL 39006-2700-TAMPA-FL-33606 US 3 Mailing Address 4119 CORPORATE LOKE DR. 2. Principal Place of Business 9119 CORPORATE LAKE OR DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2981502 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ECHEVARRIA, MICHAEL J ESQUIRE 601 3 BAYSHORE BLVD SUITE\_800-TAMPA FL 33606 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **C**hange **PSD** ☐ Delete TITLE TITLE 1119 CORPORATE LAKE DRIVE, Suit 300 LA BARRA, BELTRAN MAME NAME STREET ADDRESS 601 BAYSHORE BLVD SUITE 800 STREET ADDRESS Tanpa, F1 33634 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL VTD ☐ Defete TITLE TITLE NAME LIRA, MAGDALENA NAME 9119 CORPORATE LOUKE DR., St. 300 601 S BAYSHORE BLVD #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, P1 33634 TAMPA FL ☐ Change ☐ Addition TITLE TITLE Delete ANTONUCCI, DANIEL M NAME NAME 601 S BAYSHORE BLVD #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Delete TITLE TITLE BROWNER, Valery 9119 coeporate Lake DR., Ste 300 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, F1 33634 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is ture and accurate any that my promature 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 turing error ferred to expect the report of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or trustee embodiered to execute the report of 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 impowered.

SIGNATURE:

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