

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007428

1. Entity Name

ACAPULCO TANNING, L.L.C.

Principal Place of Business

1571 W. COPANS RD., STE. 103
POMPANO BEACH FL 33064

Mailing Address

1571 W. COPANS RD., STE. 103
POMPANO BEACH FL 33064-1527

2. Principal Place of Business

11387A West Palmetto Pk. Rd.
Suite, Apt. #, etc.

3. Mailing Address

11387A West Palmetto Pk. Rd.
Suite, Apt. #, etc.

City & State

Boca Raton, FL
Zip 33428 Country USA

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Boca Raton, FL
Zip 33428 Country USA

4. FEI Number

65-0960724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLSON, DAVID LEE
8180 N.W. 36TH ST., STE. 100
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Joseph F. Ciriago ☐ Delete
STREET ADDRESS President
CITY-ST-ZIP 4960-A Fishermans Dr
CORDONUT CREEK, FL 33063 MGRM

TITLE NAME Mary Toms ☐ Delete
STREET ADDRESS Vice President
CITY-ST-ZIP 22477 Vistawood Way
Boca Raton, FL 33428 MGRM

TITLE NAME Gayle Schaffner ☐ Delete
STREET ADDRESS Secretary-Treasurer
CITY-ST-ZIP 22303 Thousand Pines Lane
Boca Raton, FL 33428 MGRM

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003279254--7
CITY-ST-ZIP 06/07/00--01012--003
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-13-00 561-451-8010

CF2E083 (9/99)