

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90722 042 ***150.00

0009018 AT

DOCUMENT # P00000002659

1. Entity Name

TOUCAN'S OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

~~201 N.W. 53RD CT~~
~~FORT LAUDERDALE FL 33309~~

~~201 N.W. 53RD CT~~
~~FORT LAUDERDALE FL 33309~~

2. Principal Place of Business

3. Mailing Address

1528 N.E. 1st Ave.

1528 N.E. 1st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale

Ft. Lauderdale

Zip **33309**

Country **USA.**

Zip **33309**

Country **USA.**

4. FEI Number

65-0972803

Applied For

Not Applicable

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

CASTRO, GUILLERMO

201 N.W. 53RD CT

FORT LAUDERDALE FL 33309

Name

CASTRO, Guillermo

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

1528 N.E. 1st Ave.

City

Ft. Lauderdale

FL

Zip Code

33309

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 **X**

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 \$150.00
After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	JIMENEZ, RANDALL	
STREET ADDRESS	201 N.W. 53RD CT	
CITY-ST-ZIP	1528 N.E. 1st Ave. FORT LAUDERDALE FL 33309	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CASTRO, GUILLERMO	
STREET ADDRESS	201 N.W. 53RD CT	
CITY-ST-ZIP	1528 N.E. 1st Ave. FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, RANDALL	
STREET ADDRESS	1528 N.E. 1st Ave.	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, Guillermo	
STREET ADDRESS	1528 N.E. 1st Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
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:

X *Guillermo Castro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-02 954-818-0606

Date

Daytime Phone #

CR2E034 (9/01)