

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90243 008 ***158.75

DOCUMENT # P00000011266

1. Entity Name
EL REY DEL TANGO PIZZERIA, INC.

Principal Place of Business 2742 S.W. 8 ST. SUITE 4 AND 5 MIAMI FL 33135	Mailing Address 2742 S.W. 8 ST. SUITE 4 AND 5 MIAMI FL 33135
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0981738	Applied For Not Applicable
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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

DOMINGUEZ, RICARDO A
2742 S.W. 8 ST.
SUITE 4 AND 5
MIAMI FL 33135

Name **LOLY ROIZ**
 Street Address (P.O. Box Number is Not Acceptable)
2742 SW 8th ST Suite # 4-5
 City **MIAMI** FL Zip Code **33135**

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 **LOLY ROIZ,** **JANUARY 25, 2001**
Signature, typed or printed name of registered agent and date 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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST DOMINGUEZ, RICARDO A 2742 S.W. 8 ST. SUITE 4 AND 5 MIAMI FL 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOLY ROIZ 2742 SW 8th ST Suite # 4-5 MIAMI FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINGUEZ, RICARDO A 2742 S.W. 8 ST. SUITE 4 AND 5 MIAMI FL 33135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P ALINA ROIZ 2742 SW 8th ST Suite # 4-5 MIAMI FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *LOLY ROIZ* **LOLY ROIZ, PRESIDENT** **JAN 25, 2001** **(305)649-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)