

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017662

1. Entity Name
MAUI TACOS FLORIDA QUEST, INC.

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90002 040 ***550.00

Principal Place of Business
C/O UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI FL 33156

Mailing Address
C/O UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI FL 33156

RECEIVED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2534737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD., STE. 508 MIAMI FL 33156		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
President Robert S. Koff 740 Broadway New York, NY 10003			
Vice President Charles Logan 740 Broadway New York, NY 10003	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President David L. Segel 740 Broadway NY, NY 10003	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Joseph Morgan - Sec. 740 Broadway NY, NY 10003	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
Patrick Pompei - Treas. 740 Broadway NY, NY 10003	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01

Daytime Phone #

CR2E034 (10/00)