2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000028287 **DOCUMENT#**

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

TACO LOCO MEXICAN GRILL, INC.					02-24-2003 303 70	002 130	.00
Principal Place of Business MEXICAN GRILL 15210 S.W. 49TH STREET MIRAMAR FL 33027		Mailing Address MEXICAN GRILL 15210 S.W. 49TH STREET MIRAMAR FL 33027					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number NOT APPLICABLE		oplied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered	d Agent	
SANTIAGO, ANNA E MEXICAN GRILL			Name Street Ad	ddress (P.	O. Box Number is Not Acceptable)		
15210 S.W. 49TH STREET			-				
8. The above named entity submits this statement for the purpose of changing its registered exact. the obligations of registered exact.			City		F		
the obliga SIGNATURE	tions of registered agent. Signature, typed or printed name of registered agent		E: Registered Agent signatu				and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTIAGO, ANNA E 15210 S.W. 49TH STREET MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, PORFIRIA 15210 S.W. 49TH STREET MIRAMAR FL 33027-	. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	िक्स अंद	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	1,0		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPES OF PRINTED NAME OF SUSTAINING OFFICER OR DIRECTOR

Daytime Phone #