

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90111 042 \*\*\*150.00

0298311 AV

**DOCUMENT # P00000046523**

1. Entity Name  
**TACO RICO RESTAURANTS OF FLORIDA, INC.**

Principal Place of Business  
**20537 OLD CUTLER ROAD**  
**MIAMI FL 33189**

Mailing Address  
**20537 OLD CUTLER ROAD**  
**MIAMI FL 33189**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1005712**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**DIAZ, ANTONIO**  
**20537 OLD CUTLER ROAD**  
**MIAMI FL 33189**

Name **Antonio Diaz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20537 Old Cutler Rd**  
 City **MIAMI** FL Zip Code **33189**

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

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	PD	<input type="checkbox"/> Delete
NAME	NEAL, LELAND	
STREET ADDRESS	20537 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, JAMES	
STREET ADDRESS	20537 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, RUDOLPH J	
STREET ADDRESS	20537 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ANTONIO	
STREET ADDRESS	20537 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, MICHAEL	
STREET ADDRESS	20537 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD James Ross	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20537 old cutler Rd.	
STREET ADDRESS	MIAMI FL. 33189	
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	Y <del>Antonio</del> Marlon Palmer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD	
STREET ADDRESS	20537 old cutler Rd	
CITY-ST-ZIP	MIAMI FL. 33189	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-01

305 971-3435

Date

Daytime Phone #

CR2E034 (9/01)