

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90234 022 \*\*\*150.00

0140858  
 AV

**DOCUMENT # P00000060474**

1. Entity Name

**TAVES' CORPORATION**

Principal Place of Business

**10090 NW 80 CT. #1557  
 HIALEAH GARDENS FL 33012**

Mailing Address

**10090 NW 80 CT. #1557  
 HIALEAH GARDENS FL 33012**

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

**65-1018635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MARICHAL, IDALMYS**

**10090 NW 80 CT. #1557**

**HIALEAH GARDENS FL 33012**

7. Name and Address of New Registered Agent

Name

**MARICHAL IDALMYS**

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

**651 W 53 ST.**

City

**Hialeah**

**FL**

Zip Code

**33012**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUEVEDO, GUSTAVO	
STREET ADDRESS	10090 NW 80 CT. #1557	
CITY-ST-ZIP	HIALEAH GARDENS FL 33012	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARICHAL, IDALMYS	
STREET ADDRESS	10090 NW 80 CT. #1557	
CITY-ST-ZIP	HIALEAH GARDENS FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEVEDO, GUSTAVO	
STREET ADDRESS	651 W 53 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARICHAL IDALMYS	
STREET ADDRESS	651 W 53 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
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:

**REQUIRED**

**3/7/02**

Date

Daytime Phone #

CR2E034 (9/01)