2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90130 034 ***150.00

DOCUMENT # P01000089414

1. Entity Name
TAQUERIA MI MEXICO CORPORATION

Principal Place of Business	Mailing Address
4205 NORTH ARMENIA AVENUE	4205 NORTH ARMENIA AVENUE
TAMPA FL 33607	TAMPA FL 33607

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	4215 N Armenia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tampa Fl
Zip / Country	Zip: 33607 / Country: U.S.A

4. FEI Number 59-3747847 ☐ Applied For ☐ Not Applicable

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
VALLEJO, NORBERTO	Name: Norberto Vallejo
4205 NORTH ARMENIA AVENUE	Street Address (P.O. Box Number is Not Acceptable): 4754 whispering wind Ave
TAMPA FL 33607	City: Tampa FL Zip Code: 33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	VALLEJO, NORBERTO		NAME	Norberto Vallejo	
STREET ADDRESS	4205 NORTH ARMENIA AVENUE		STREET ADDRESS	4754 whispering wind ave	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tampa FL 33607	
TITLE	V	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	VALLEJO, MARIA I		NAME	Maria I Vallejo	
STREET ADDRESS	4205 NORTH ARMENIA AVENUE		STREET ADDRESS	4754 whispering wind Ave	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tampa FL 33607	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: SIGNATURE REQUIRED Norberto Vallejo 1/14/03 (813) 354-9216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #