2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P05748** Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** CUCOS INC. 07-25-2000 90093 029 ***550.00 Principal Place of Business Mailing Address 110 VETERANS BLVD. 110 VETERANS BLVD. STE. 222 METAIRIE LA 70005 METAIRIE LA 70005 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 72-0915435 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition TITLE TITLE Delete PD NAME GRACE, THOMAS J NAME James W. Osborn STREET ADDRESS STREET ADDRESS 110 VETERANS BLVD. STE 222 110 Veterans Blvd., Suite 222 CITY-ST-ZIP CITY-ST-ZIP **METAIRIE LA 70005** Metairie, LA 70005 CE0 TITI F ☐ Change TITLE Delete LIUZZA, VINCENT J JR. NAME NAME Elias Daher STREET ADDRESS STREET ADDRESS 110 VETERANS BLV. STE 222 110 Veterans Blvd., Suite 222 CITY-ST-7/P CITY-ST-ZIP METAIRIR LA Metairie, LA 70005 ☐ Change TITI F Delete PULITZER, SIDNEY C. Thomas L. McCormick -NAME NAME -STREET ADDRESS STREET ADDRESS 110 Veterans Blvd., Suite 222 110 VETERANS BLVD., SUITE 222 CITY-ST-ZIP CITY-ST-ZIP Metairie, <u>LA 7</u>0005 METAIRIE LA Addition ☐ Change TITLE TITLE 1 Delete Lee W. Randall URIA. MIGUEL 1 NAME NAME STREET ADDRESS STREET ADDRESS 110 Veterans Blvd., Suite 222 110 VETERANS BLVD., SUITE 222 CITY-ST-ZIP CITY-ST-ZIP Metairie, LA 70005 METAIRIE LA TITLE TITLE Change Addition Delete NAME LIUZZA, DAVID M NAME Calvin O. Cox STREET ADDRESS STREET ADDRESS 110 VETERANS BLVD, SUITE 222 110 Veterans Blvd., Suite 222 CITY-ST-ZIP CITY-ST-ZIP **METAIRIE LA 70005** Metairie, LA 70005 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

James Will Osborm Erresident IREN

504-835-0306