

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90009 050 ***550.00

0145811 SP

DOCUMENT # P05748

1. Entity Name
CUCOS INC.

Principal Place of Business

**110 VETERANS BLVD.
 STE. 222
 METAIRIE LA 70005
 US**

Mailing Address

**110 VETERANS BLVD.
 #222
 METAIRIE LA 70005
 US**

00061401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
72-0915435

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 _____ (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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☐ Delete
 NAME **OSBORN, JAMES W**
 STREET ADDRESS **110 VETERANS BLVD. STE 222**
 CITY-ST-ZIP **METAIRIE LA 70005**

TITLE **VD** ☐ Delete
 NAME **DAHER, ELIAS**
 STREET ADDRESS **110 VETERANS BLVD., STE 222**
 CITY-ST-ZIP **METAIRIE LA 70005**

TITLE **SD** ☐ Delete
 NAME **MCCORMICK, THOMAS L**
 STREET ADDRESS **110 VETERANS BLVD., SUITE 222**
 CITY-ST-ZIP **METAIRIE LA 70005**

TITLE **D** ☒ Delete
 NAME ~~**RANDALL, LEE W**~~
 STREET ADDRESS ~~**110 VETERANS BLVD., SUITE 222**~~
 CITY-ST-ZIP ~~**METAIRIE LA 70005**~~

TITLE **D** ☐ Delete
 NAME **COX, CALVIN O**
 STREET ADDRESS **110 VETERANS BLVD, SUITE 222**
 CITY-ST-ZIP **METAIRIE LA 70005**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **W.H.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **WILLIAM F. SALULLA**
 STREET ADDRESS **110 VETERANS BLVD., SUITE 222**
 CITY-ST-ZIP **METAIRIE LA 70005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W. OSBORN

Date

Daytime Phone #

504-835-0306

(10) F0000000