

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90024 048 ***158.75

DOCUMENT # P93000047938

1. Entity Name

TEQUILA ROCK, INC.

Principal Place of Business

Mailing Address

7400 NW 7 STREET
 SUITE 109
 MIAMI FL 33126

7400 NW 7 STREET
 SUITE 109
 MIAMI FL 33126-2943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0179723

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

~~ROSADO, CARLOS A~~
 7350 NW 7 ST.
 SUITE 105
 MIAMI FL 33126

Name

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

7400 N.W. 7 ST., SUITE 109

City

MIAMI

FL

Zip Code

33126

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, 2000 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 Delete
 NAME **D**
 STREET ADDRESS **ABRAHAM, ROBERTO**
 CITY-ST-ZIP **7350 NW 7 ST., STE. 105**
MIAMI FL 33126

TITLE Change Addition
 NAME
 STREET ADDRESS **7400 NW 7 ST., SUITE 109**
 CITY-ST-ZIP **MIAMI, FL. 33126**

TITLE Delete
 NAME **V**
 STREET ADDRESS **ROSADO, CARLOS**
 CITY-ST-ZIP **7400 NW 7TH ST., SUITE 109**
MIAMI FL 33126

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/00 (305) 267 2120