

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017404

Entity Name

TACOLCY FLORIDA CITY, INC.

FILED

00 FEB -7 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
N.W. 62 STREET - 300 FL 33150		645 N.W. 62 STREET SUITE 300 MIAMI FL 33150-4329	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number		65-0503187	
Applied For		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLFE, LEON J 2 S. BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131-1897		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>
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OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete <b>D</b> FLORENCE, MOSES 645 NW 62ND STREET, #300 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> GARDNER, CAROL 645 NW 62nd ST., #300 MIAMI, FL 33150		
<input checked="" type="checkbox"/> Delete <b>D</b> PARKER, CAROL 645 NW 62ND STREET, #300 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003131040--2 -02/10/00--01065--017 ***158.75 ***158.75		
<input type="checkbox"/> Delete <i>P Simmons, Lorenzo</i> <i>645 NW 62nd Street, #300</i> <i>Miami, FL</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TS		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 furnished 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: *Lorenzo Simmons* LORENZO SIMMONS 1/7/00 305/757-3737  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #