

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000041314**

1. Entity Name

TACOS EL RODEO RESTAURANT, INC.

Principal Place of Business

**35351 S.W. 213TH AVENUE
FLORIDA CITY FL 33034**

Mailing Address

**35351 S.W. 213TH AVENUE
FLORIDA CITY FL 33034**

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

65-0556193

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

**RIVERA, MARIO
35351 SW 213 AVE
FLORIDA CITY FL 33034**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RIVERA, JUAN LUIS	35351 SW 213 AVENUE	FLORIDA CITY FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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SD	GUZMAN, JOSE MANUEL	35351 SW 213 AVENUE	FLORIDA CITY FL	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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TD	RIVERA, MARIO	35351 SW 213 AVENUE	FLORIDA CITY FL	<input type="checkbox"/>
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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: *Mario Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO RIVERA

4/24/01

Date

(386) 942-6004

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)