

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047140

1. Entity Name

TAQUECHEL ENTERPRISES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90872 039 ***150.00

Principal Place of Business

Mailing Address

1551 ZORETA AVE
CORAL GABLES FL 33146
US

P.O. BOX 145010
CORAL GABLES FL 33114-5010
US

2. Principal Place of Business

8886-SW-95 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

Country

33176

DA DE

Country

4. FEI Number

65-0627114

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

VINALS, CARMEN C
1551 ZORETA AVENUE
CORAL GABLES FL 33146

Name

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

8886-SW 95 AVE

City

MIAMI

FL

Zip Code

33176

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 PS ☐ Delete
NAME VINALS, CARMEN C
STREET ADDRESS 1551 ZORETA AVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME 8886-SW-95 AVE
STREET ADDRESS MIAMI FLORIDA 33176
CITY-ST-ZIP

TITLE V ☐ Delete
NAME VINALS, ANDREW M
STREET ADDRESS 1551 ZORETA AVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME 8886-SW-95 AVE
STREET ADDRESS MIAMI FLORIDA 33176
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KEMP, ANA
STREET ADDRESS 9395 SW 180TH STREET
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

Carmen Vinals PRESIDENT & SECRETARY. 4-28-00 (305)444-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARMEN VINALS

CR2E034 (9/99)