

AMENDMENT TO
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 950000 47140**

1. Entity Name
TAQUECHEL ENTERPRISES, INC.

Principal Place of Business
**8886 S.W. 95 AVE.,
MIAMI, FL 33176
USA**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2001 AMENDED UBR

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
**VINALS, CARMEN C.
8886 S.W. 95 AVE.,
MIAMI, FL 33176**

7. Name and Address of New Registered Agent
Name **VINALS, FRANK T.**
Street Address (P.O. Box Number is Not Acceptable)
8886 S.W. 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]** **DPS** DATE **5-01-01**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS. VINALS, CARMEN C. 8886 S.W. 95 AVE., MIAMI, FL 33176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINALS, ANDREW 8886 S.W. 95 AVE., MIAMI, FL 33176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEMP, ANA 9395 S.W. 180 St., MIAMI, FL 33176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VINALS, FRANK T. 8886 S.W. 95 AVE., MIAMI, FL 33176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004524470-4 -08/08/01--01059--021 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	78	☐ Change ☐ Addition

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 I am empowered.

SIGNATURE: **[Signature]** **5-01-01 (305) 274-6902**

FILED
01 JUL 26 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA