

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90006 014 \*\*\*150.00

DOCUMENT # P95000069231

1. Entity Name

TANGO MOTORS, INC.

Principal Place of Business

Mailing Address

2695 N ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744  
US

2695 N ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744-1893  
US

2. Principal Place of Business

3. Mailing Address

397 ENTERPRISE ST.

397 ENTERPRISE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

OCLOEE FL

OCLOEE FL

Zip

Country

Zip

Country

34761-3035 ORANGE

34761-3035 ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3331515

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

QUIROGA, ROBERTO  
2695 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744

Name

ROBERTO QUIROGA

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

7531 S. COUNTY RD. 561

City

CLERMONT

FL

Zip Code

34711

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, and date of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERTO QUIROGA (PRESIDENT)

03/30/00

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	P	<input type="checkbox"/> Delete
NAME	QUIROGA, ROBERTO	
STREET ADDRESS	2695 N. ORANGE BLOSSOM TR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROGA, ROBERTO	
STREET ADDRESS	7531 S. COUNTY RD. 561	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERTO QUIROGA (PRES.) 03/30/00 (407) 877-2557

CR25-024 (9/00)