

**2000 UNIFORM BUSINESS REPORT (UBR)**

*AMENDED  
\$61.25*

FILED

00 MAY 23 PM 4: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000074280*

1. Entity Name

*EL TROPICO RESTAURANT 17020 INC*

Principal Place of Business Mailing Address

*17020 COLLINS AVE  
MIAMI BEACH, FL 33160*

2. Principal Place of Business

*17020 COLLINS AVE*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI BEACH FL*

City & State

4. FEI Number

*65-0614320*

Applied For

Not Applicable

Zip

Country

*33160 USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *Roberto J Vazquez*

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

*11770 SW 183 ST*

City *MIAMI*

FL

Zip Code *33157*

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

*[Signature] Roberto Vazquez*

*5/6/2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME *DSD MOZO, MARISOL*  Delete *FL*  
STREET ADDRESS *17020-17024 COLLINS AVE*  
CITY-ST-ZIP

TITLE NAME *PRESIDENT*  Change  Addition  
NAME *Roberto J Vazquez*  
STREET ADDRESS *5314 SW 135 CT MIAMI FL 33175*  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME *VICE-PRESIDENT*  Change  Addition  
NAME *FANNY P. VAZQUEZ*  
STREET ADDRESS *5314 SW 135 CT MIAMI FL 33175*  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME *SECRETARY/TREASURER*  Change  Addition  
NAME *S.HANEJ VAZQUEZ*  
STREET ADDRESS *5314 SW 135 CT MIAMI FL 33175*  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME *900003291259--5*  Change  Addition  
STREET ADDRESS *-06/15/00--01062--029*  
CITY-ST-ZIP *\*\*\*\*\*61.25 \*\*\*\*\*61.25*

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature] Roberto Vazquez*

Date

*5/6/2000*

Daytime Phone #

*305 9470094*

**SP**

CR2E034 (9/9 1)