

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060511

1. Entity Name

LOS TAPATIOS, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90088 002 ***150.00

Principal Place of Business

Mailing Address

6165 BABCOCK ST. S.E.
PALM BAY FL 32909

6165 BABCOCK ST. S.E.
PALM BAY FL 32909-3902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3397255

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

MARTINEZ, JAVIER
699 FAIRHAVEN STREET N.E.
PALM BAY FL 32907

Name GLORIA HUITRON

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

1909 20TH ST.

City VERO BEACH

FL

Zip Code 32960

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 *Gloria Huitron*

04-26-00

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 P ☐ Delete
NAME MARTINEZ, JAVIER
STREET ADDRESS 699 FAIRHAVEN STREET N.E.
CITY-ST-ZIP PALM BAY FL 32907

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS 291 SW PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE V ☐ Delete
NAME HUITRON, GLORIA
STREET ADDRESS 699 FAIRHAVEN STREET N.E.
CITY-ST-ZIP PALM BAY FL 32907

TITLE PRESIDENT ☒ 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
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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: *Gloria Huitron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00 561-978-0661

Date

Daytime Phone #

05/10/2000 1:04:19 PM