## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## **FILED** DOCUMENT # **P97000013594** May 22, 2000 8:00 am Secretary of State TIJUANA FLATS HOT FOODS INCORPORATED 05-22-2000 90044 011 \*\*\*150.00 Principal Place of Business Mailing Address 133 S. BENNETT OR 133 S. BENNETT DR #149 #149 LONGWOOD FL 32750 LONGWOOD FL 32750 3. Mailing Address 1275 Bennett Dr. #141 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For City & State 4. FEI Number 59-3426901 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Name WHEELER, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 1500 HIBISCUS AVE WINTER PARK FL 32789 Zip Code FL 8. The above manned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria so\_back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTORS 11. Addition ☐ Delete TITLE TITLE NAME WHEELER, BRIAN J NAME STREET ADDRESS STREET ADDRESS 1500 HIBISCUS AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change Addition ☐ Delete TITLE NAME WHEELER, CHESTER F NAME 1500 Hbuch Are Winterpark PL 32799 STREET ADDRESS 70 BATTLER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete Change | Addition TITLE TITLE WHEELER, RACHEL R NAME NAME STREET ADDRESS 1500 HIBISCUS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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