

2000 UNIFORM BUSINESS REPORT (UBR)

0-1-48

DOCUMENT # P97000070502

1. Entity Name
TIRI TACO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 11:19

Principal Place of Business
**1804 KEENLAND CIRCLE
WEST PALM BEACH FL 33415
US**

Mailing Address
**1804 KEENLAND CIRCLE
WEST PALM BEACH FL 33415-5650
US**

2. Principal Place of Business
Home

3. Mailing Address
1804 Keenland Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TIRILLO, ANTHONY
1804 KEENLAND CIR.
W. PALM BEACH FL 33415**

7. Name and Address of New Registered Agent
Name **Anthony Tirillo**
Street Address (P.O. Box Number is Not Acceptable)
1804 Keenland Circle
City **West Palm Beach FL** Zip Code **33415**

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 _____ (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. ☐ **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 STREET ADDRESS CITY-ST-ZIP	P TIRILLO, ANTHONY 1804 KEENLAND CIR. W. PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUGUERZA, MANUEL 429 SE 3RD PL. DANIA FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, JOSE A 5125 S. DALE MABRY HWY. TAMPA FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIAGA, RICARDO 4231 LA SORRENTO CT. W. PALM BEACH FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **Anthony Tirillo** **REQUIRED** **4-20-00** **9680078**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC 4 (3/99)