

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91304 005 ***150.00

DOCUMENT # P98000014210

1. Entity Name

ENRIQOS MEXICAN KITCHEN OF THE TREASURE COAST, I NC.

Principal Place of Business

**3222 S. US #1
 FT PIERCE FL 34982**

Mailing Address

**196 NW BENTLEY CIRCLE
 ST. LUCIE WEST FL 34986**

2. Principal Place of Business

3. Mailing Address

3222 S. US #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. Pierce FL

Zip

Country

Zip

Country

34982

St. Lucie

4. FEI Number

65-0819857

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

GAMBARDELLA, ANTHONY

**196 NW BENTLEY CIRCLE
 ST. LUCIE WEST FL 34986**

Name

Gambardella, Anthony

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

8126 Saratoga Way

City

Port St. Lucie

FL

Zip Code

34986

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

Anthony Gambardella

ANTHONY GAMBARDELLA

4-20-02

(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, 2002 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 **DPT** ☐ Delete
 NAME **GAMBARDELLA, ANTHONY**
 STREET ADDRESS **196 NW BENTLEY CIRCLE**
 CITY-ST-ZIP **ST. LUCIE WEST FL 34986**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **Gambardella, Anthony**
 STREET ADDRESS **8126 Saratoga Way**
 CITY-ST-ZIP **Port St. Lucie FL 34986**

TITLE **DVS** ☐ Delete
 NAME **GAMBARDELLA, ANNE**
 STREET ADDRESS **196 NW BENTLEY CIRCLE**
 CITY-ST-ZIP **ST. LUCIE WEST FL 34986**

TITLE **Vice Pres.** ☒ Change ☐ Addition
 NAME **Gambardella, Anne**
 STREET ADDRESS **8126 Saratoga Way**
 CITY-ST-ZIP **Port St. Lucie FL 34986**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 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:

Anthony Gambardella, Pres.

ANTHONY GAMBARDELLA

4-20-02

561-4651608

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)