

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

DOWNTOWN DESPERADOS

Principal Place of Business

Mailing Address

2. Principal Place of Business

1749 E. Hallandale Beach Blvd

3. Mailing Address

E. Hallandale Beach Blvd

Suite, Apt. #, etc.

166

Suite, Apt. #, etc.

166

City & State

Hallandale, Florida

City & State

Hallandale, Florida

Zip

33009

Country

USA

Zip

33009

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vivianne Carballo
1214 N. University Drive
Plantation, FL 33327

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director
Richard Burstrom
1749 E. Hallandale Beach Blvd #166
Hallandale, FL 33009

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Burstrom May 5, 2000

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90004 026 ***158.75

853402

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)