

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026331

1. Entity Name

TAMIAMI TRAIL LADY, INC.

Principal Place of Business

12966 SW 133RD COURT  
MIAMI FL 33180

Mailing Address

12966 SW 133RD COURT  
MIAMI FL 33186-5806

2. Principal Place of Business

6842 SW 40 ST.

Suite, Apt. #, etc.

3. Mailing Address

13300 SW 128 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

US

Zip

33186

Country

US

4. FEI Number

65-0863181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROLNICK, HERBERT H  
6800 W. COMMERCIAL BLVD.  
SUITE 5  
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

Alexander F. Villadares

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

13300 SW 128th ST

City

MIAMI

FL

Zip Code

33186

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	P VALLADARES, ALEXANDER F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12966 SW 133RD COURT	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE NAME	VP MORALS, ENRIQUE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12966 SW 133RD COURT	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE NAME	ST REDERAS, ANGEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12966 SW 133RD COURT	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P AEDO, BERTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13300 SW 128 ST.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE OF BERTA AEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR20F034 10/00