

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000026331****1. Entity Name**  
**TAMIAMI TRAIL LADY, INC.****Principal Place of Business****Mailing Address****6842 SW 40TH STREET**  
**MIAMI FL 33155****1330 SW 128TH STREET**  
**MIAMI FL 33186****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**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****7. Name and Address of New Registered Agent****VALLADARES, ALEXANDER F**  
**13300 SW 128TH STREET**  
**MIAMI FL 33186**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AEDO, BERTA</b> <b>1330 SW 128TH STREET</b> <b>MIAMI FL 33186</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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 a similar likeness, powered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME C.

OFFICER OR DIRECTOR

Date

Daytime Phone #

*Berta Aedo* **President - BERTA AEDO** 4/26/01 (305) 971-2050**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90086 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0620359

CR2E034 (10/00)