

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90182 034 \*\*\*550.00

DOCUMENT # **P98000066034**  
1. Entity Name **Tequila Sunrise Mexican Cantina, Inc.**

014064

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4335 N. Pine Island Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4711 A. DIXIE HWY**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Sunrise, FL**

City & State  
**Oakland Park**

4. FEI Number  
**65-0964127**

Applied For  
Not Applicable

Zip  
**33351**

Country  
**USA**

Zip  
**33334**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Jim Jordan**

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

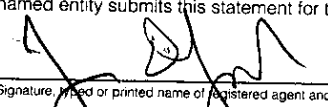
**4711 A. DIXIE HWY**

City **Oakland Park**

FL

Zip Code  
**33334**

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  Pres. **Jim Jordan**

8/26/02  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President Jim Jordan 4711 A. DIXIE HWY Oakland Park, FL 33334</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:  Pres. **Jim Jordan** 8/26/02 954-938-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #