## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P98000066800** 1. Entity Name EL RANCHO ASSOCIATES, INC. 05-31-2000 90056 021 \*\*\*550.00 Principal Place of Business Mailing Address 2323 BRYAN ST 2323 BRYAN ST STE 2200 STE 2200 DALLAS TX 75201-2655 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0857377 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, RONALD G Street Address (P.O. Box Number is Not Acceptable) 4675 PONCE DE LEON BLVD., STE. 301 CORAL GABLES FL 33146 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, 66/6 ŊΡ TITLE ☐ Change ☐ Addition TITLE ☐ Delete WALLACH, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 2323 BRYAN ST STE 2200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 Change ☐ Addition DTV ☐ Delete TITLE CHEHAB, FARID NAME #10 CANDINA ST APT 14B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JAUN PR 00907 ☐ Addition Change TITLE TITLE ☐ Delete ROSADO, ANGEL NAME STREET ADDRESS STREET ADDRESS #19 SUB BASE ---CITY-ST-ZIP CITY-ST-ZIP ST THOMAS VI 00802 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

May 15, 2000

with all other like empowered.

changed, or on an attachment with an address