

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096833

1. Entity Name

TASCA LISBOA RESTAURANT, INC.

FILED
00 JAN 20 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2312 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address
2312 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-5408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0877244

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SANTOS, BRUNO~~
2312 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name
MARIA MANUELA SANTOS

Street Address (P.O. Box Number is Not Acceptable)
2312 PONCE DE LEON BLVD.

City
CORAL GABLES,

FL Zip Code 33145

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
MARIA MANUELA SANTOS
PRESIDENT AND SECRETARY
STREET ADDRESS
1837 S.W. 22 Terr. 33145
CITY-ST-ZIP
MIAMI, FL 33145

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
RAFAEL CALADO
VICE PRESIDENT AND TREASURER
STREET ADDRESS
2312 PONCE DE LEON BLVD
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #