

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000004422**

1. Entity Name

BURRITOS ESPACIAL, INC.APPROVED
AND
FILED

00 JUN -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

4676 E. COLONIAL DR., UNIT 4
ORLANDO FL 32803

Mailing Address

4676 E. COLONIAL DR., UNIT 4
ORLANDO FL 32803-4357

2. Principal Place of Business

4676 E. Colonial Dr.

Suite, Apt. #, etc.

ORLANDO FLA.

City & State

3. Mailing Address

408 Main Sail Crt.

Suite, Apt. #, etc.

City & State

LAKE MARY FL.

4. FEI Number

59-3551631

Applied For

☒ Not Applicable

Zip

32803

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMIREH, NABIL

4676 E. COLONIAL DR., UNIT 4
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Jenny Halkis

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

408 MAIN SAIL CRT.

LAKE MARY

City

FL

Zip Code

32746

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 file if applicable

(NOTE: Registered Agent signature required when re/relating)

DATE

5-29-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☒**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	AMIREH, NABIL	4676 E. COLONIAL DR., UNIT 4	ORLANDO FL 32803	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	HALKIS, JENNY	4676 E. COLONIAL DR., UNIT 4	ORLANDO FL 32803	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	JENNY HALKIS	408 MAIN SAIL COURT	LAKE MARY FL 32746		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenny Halkis 407-324-2628

Daytime Phone #