

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005531

1. Entity Name

EL MARIACHI, INC.

FILED

Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90017 012 \*\*\*150.00

Principal Place of Business

Mailing Address

913 LAKE AVE  
LAKE WORTH FL 33460

913 LAKE AVE  
LAKE WORTH FL 33460-3708

2. Principal Place of Business

1302 LAKE AVE

3. Mailing Address

1302 LAKE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0900759

Applied For

Not Applicable

Zip  
33460

Country  
USA

Zip  
33460

Country  
USA

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

CARVAJAL, GLORIA  
913 LAKE AVE  
LAKE WORTH FL 33460

Name

GLORIA CARVAJAL

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

1302 LAKE AVE

City  
LAKE WORTH, FL

FL

Zip Code  
33460

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 *Gloria Carvajal*

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  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CARVAJAL, OSCAR  
913 LAKE AVE  
LAKE WORTH FL 33460 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Gloria Carvajal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
Daytime Phone # (561) 586 1116

CR2E034 (9/99)