

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90042 020 \*\*\*150.00

**DOCUMENT # P99000009058**

1. Entity Name

ACAPULCO, INC.

Principal Place of Business

10419 SOUTHERN BLVD.  
ROYAL PALM BEACH FL 33411

Mailing Address

10419 SOUTHERN BLVD.  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0896473

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NIETO, JOSE H  
10419 SOUTHERN BLVD.  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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

| TITLE | NAME               | STREET ADDRESS       | CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|-------|--------------------|----------------------|---------------------------|---------------------------------|
|       | D<br>NIETO, JOSE H | 10419 SOUTHERN BLVD. | ROYAL PALM BEACH FL 33411 | <input type="checkbox"/>        |
|       |                    |                      |                           | <input type="checkbox"/>        |
|       |                    |                      |                           | <input type="checkbox"/>        |
|       |                    |                      |                           | <input type="checkbox"/>        |
|       |                    |                      |                           | <input type="checkbox"/>        |
|       |                    |                      |                           | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
Doc # P99000009058  
76682



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 22, 2001

ACAPULCO, INC.  
10419 SOUTHERN BLVD.  
ROYAL PALM BEACH, FL 33411

Subject: ACAPULCO, INC.

Reference Number: P99000009058

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AS  
ANNUAL REPORTS SECTION