

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90107 007 \*\*\*150.00

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**DOCUMENT # P99000020911**

1. Entity Name  
**MISTER TEQUENO, INC.**

Principal Place of Business <b>C/O DAVID J. HART, P.A.</b> <b>100 N. BISCAYNE BOULEVARD, SUITE 2600</b> <b>MIAMI FL 33132</b>	Mailing Address <b>C/O DAVID J. HART, P.A.</b> <b>100 N. BISCAYNE BOULEVARD, SUITE 2600</b> <b>MIAMI FL 33132</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 SE 1st Ave.</b>	3. Mailing Address <b>21 SE 1st Ave.</b>
Suite, Apt. #, etc. <b>10th Fl.</b>	Suite, Apt. #, etc. <b>10th Fl.</b>
City & State <b>MIAMI Florida</b>	City & State <b>MIAMI Florida</b>
Zip <b>33131</b>	Country <b>USA</b>

4. FEI Number <b>65-0975900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HART, DAVID J**  
**100 N. BISCAYNE BOULEVARD**  
**SUITE 2600**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent  
 Name **DAVID J. HART P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **21 SE First Ave 10th Floor**  
 City **MIAMI** FL **33131**

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 *David J. Hart* **DAVID T. HART** **3-20-02**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>APOLLINI-CABUOTO, VINCENZO</b> <b>CALLE GUARAGUO, EDF DON MANUEL, PISO 1, #1A</b> <b>PUERTO LA CRUZ-ESTADO ANZOATOC VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELIZABETH JOSEFINA CEDENO PARRA</b> <b>CALLE GUARAGUO, EDF DON MANUEL, PISO 1, #1A</b> <b>PUERTO LA CRUZ-ESTADO ANZOATOC VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CEDENO, ELISAUL A</b> <b>CALLE GUARAGUO, EDF DON MANUEL PISO 1</b> <b>LA CRUZ ESTADO ANZOATOC VN #1A P-URT</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CEDENO, MARIA M</b> <b>CALLE GUARAGUO EDF DON MANUEL</b> <b>ANZOATOC, VENEZUELA</b>	<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 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
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: *Vincenzo Apollini* **03/20/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)