

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90045 031 ***550.00

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DOCUMENT # P99000033816

1. Entity Name
TARO'S TAHITIAN BARBECUE, INC.

Principal Place of Business
7161 SW 11 COURT
NORTH LAUDERDALE FL 33068

Mailing Address
7161 SW 11 COURT
NORTH LAUDERDALE FL 33068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2412 University Dr.

3. Mailing Address
8130 SW 7 CT.

City & State
Coral Springs, FL
 Zip
33065

City & State
N. LAUDERDALE, FL
 Zip
33068
 Country
USA

4. FEI Number
65-0909266

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLLS, GREGG E
3300 N UNIVERSITY DR #604
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
REID M. CHRISTENSEN
 Street Address (P.O. Box Number is Not Acceptable)
8130 SW 7 CT
 City
N. LAUDERDALE **FL** Zip Code
33068

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)

8/13/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
D
 NAME
TEKURIO, DARROLL
 STREET ADDRESS
7161 SW 11 COURT
 CITY-ST-ZIP
NORTH LAUDERDALE FL 33068

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VST
 NAME
LINDA H. TEKURIO
 STREET ADDRESS
7161 SW 11 COURT
 CITY-ST-ZIP
N. LAUDERDALE, FL 33068

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-13-01

CR2E034 (5/01)