

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 02, 2000 8:00 am
Secretary of State

03-06-2000 90125 028 ***150.00

DOCUMENT # P99000048336

1. Entity Name

EL COQUI BISTRO, INC.

Principal Place of Business

Mailing Address

**2668 CONCORDE COURT
 CLEARWATER FL 33701**

**2668 CONCORDE COURT
 CLEARWATER FL 33701-2716**

2. Principal Place of Business

3. Mailing Address

500 Trinity Lane

500 Trinity Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7206

7206

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33716-1247

33716-1247

4. FEI Number

EIN 59-3588789

Applied For

Not Applicable

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

**SANTIAGO, JOANNE
 2668 CONCORDE COURT
 CLEARWATER FL 33701**

Name

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

500 Trinity Lane #7206

City

St. Petersburg

FL

Zip Code

33716-1247

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, 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 ☐ Delete
 NAME **President**
 STREET ADDRESS **El Coqui Bistro, Inc.**
 CITY-ST-ZIP **500 Trinity Ln. #7206**
St. Petersburg, FL 33716

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 #

CR2ED034 (9/99)