

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049823

1. Entity Name
TEJANO NIGHT CLUB, INC.FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90260 007 ***150.00

| | |
|--|---|
| Principal Place of Business 12345 301 HWY N PARRISH FL 34219 | Mailing Address P.O. BOX 703 PARRISH FL 34219 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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| 4. FEI Number 65-0925320 | Applied For |
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|----------------|
| Not Applicable |
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| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| RODRIGUEZ, ROLAND 14614 UPPER MANATEE RIVER ROAD BRADENTON FL 34202 | Name Street Address (P.O. Box Number is Not Acceptable) 43106 SR 64 E |
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|------------------------|-------------------|
| City Myakka City FL | Zip Code 34251 |
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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 *Roland Rodriguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-20-01*

| | | |
|---|--------------------------|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State |
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| 10. Election Campaign Financing Trust Fund Contribution. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RODRIGUEZ, ROLANDO 14614 UPPER MANATEE RIVER RD BRADENTON FL 34202 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 43106 SR 64 E Myakka City FL 34251 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANCHEZ, SALVADOR 5110 BONITA DRIVE WIMAUMA FL 33598 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12312 US HWY 301 N Parrish FL 34219 |
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|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---------------------------------|--|---|

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

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|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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: *Roland Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

4-20-01

Date

Daytime Phone #