2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am P99000064311 DOCUMENT # **Secretary of State** 1. Entity Name 02-10-2002 90024 050 ***150.00 EL GAVILAN OF BRADENTON, INC. Principal Place of Business Mailing Address 491 CORTEZ ROAD W. 491 CORTEZ ROAD W. **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0937548 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EL GAVILAN OF BRODENTON INC Street Address (P.O. Box Number is Not Acceptable) 491 CORTEZ RD W **BRADENTON FL 34207** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE ☐ Addition TITLE FUENTES, CARLOS R NAME NAME 4060 43RD AVE W APT 2 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP -Change TITLE Delete TITLE Addition 491 Corfez RdW Badenon FL 34207 NAME WILLIAMS, JACQUELINE A NAME STREET ADDRESS STREET ADDRESS 4075 43RD AVE W APT 17 CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐1 Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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