2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P99000072569** 1. Entity Name TACOLCY EDISON SQUARE, INC.

Country

FILE MOMILL FEE IS \$150.00

City

Mailing Address

SUITE 300

MIAMI FL 33150

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

645 N.W. 62ND STREET

Principal Place of Business

2. Principal Place of Business

MIAMI FL 33131

9. This corporation is eligible to satisfy its Intangible

Country

6. Name and Address of Current Registered Agent

BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.

ATTN: CHARLES J. RENNERT NATIONSBANK TOWER 100 SOUTHEAST SECOND STREET, SUITE 3500

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

Suite, Apt. #, etc.

City & State

Zip

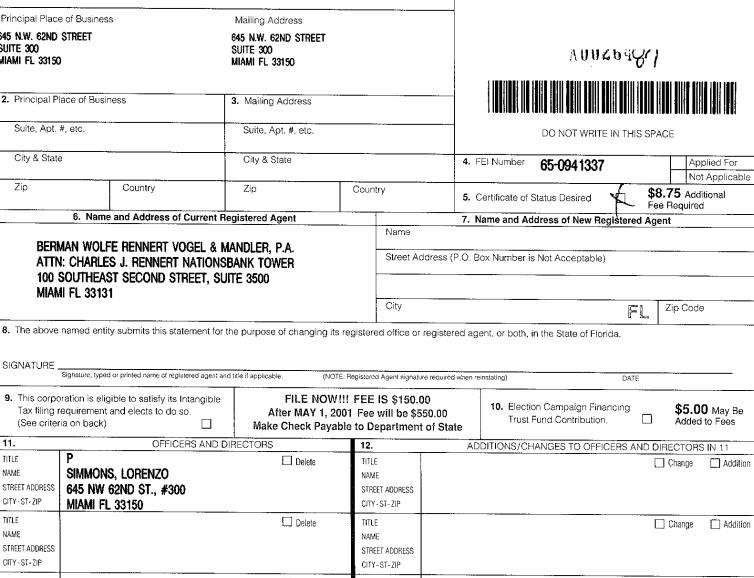
645 N.W. 62ND STREET

SUITE 300

MIAMI FL 33150

Mar 01, 2001 8:00 am Secretary of State

03-01-2001 91354 003 ***158.75



| Tax filing requirement and elects to do so. (See criteria on back) | | After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | | ate | 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fed | | 00 May Be d to Fees | | |
|--|--|---|----------|---------------------------------------|---|---|-------------------------------|------------|--|
| 11. OFFICERS AND DIRECTORS | | | | 12. | ADI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SIMMONS, LORENZO 645 NW 62ND ST., #300 MIAMI FL 33150 | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | 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 effect ment with an address, with all other like empowered.