

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90084 045 ***150.00

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DOCUMENT # P99000094243

1. Entity Name

TAQUERIA LA PERLA, INC.

Principal Place of Business

1409 E. VINE ST
KISSIMMEE FL 34744

Mailing Address

1409 E. VINE ST
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3608875

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AVONCE, ZEFERINO
1409 E. VINE ST
KISSIMMEE FL 34744

Delete

7. Name and Address of New Registered Agent

Name

SOTO, ANGEL M.

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

4611 OSCEOLA POINT TRAIL

City

KISSIMMEE

FL

Zip Code

34746

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

Angel M. Soto

1-17-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME AVONCE, ZEFERINO ☒ Delete
STREET ADDRESS P.O. BOX 421607
CITY-ST-ZIP KISSIMMEE FL 34742TITLE VPD
NAME SOTO, ANGEL M ☐ Delete
STREET ADDRESS 4611 OSCEOLA POINT TRAIL
CITY-ST-ZIP KISSIMMEE FL 34746TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PRESIDENT
NAME SOTO, ANGEL M ☒ Change ☐ Addition
STREET ADDRESS 4611 OSCEOLA POINT TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34746TITLE V.P., TREASURER, SECRETARY
NAME NINFA MARTINEZ DE SOTO ☐ Change ☒ Addition
STREET ADDRESS 4611 OSCEOLA POINT TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34746TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)