

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098438

1. Entity Name

LA TIENDA DE DARIO TABERNA BAR, CORP.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90232 005 ***550.00

0025188 AV

Principal Place of Business

3960 TREETOPS ROAD
 COOPER CITY FL 33026

Mailing Address

3960 TREETOPS ROAD
 COOPER CITY FL 33026

80060146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12397-2 PEMBROKE RD

Suite, Apt. #, etc.

3. Mailing Address

12397-2 PEMBROKE RD

Suite, Apt. #, etc.

City & State

P. PINES, FL

Zip

33025

Country

City & State

PEMBROKE PINES FL

Zip

33025

Country

BROWARD

4. FEI Number

65-0960921

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

RAMIREZ, HARVEY

3960 TREETOPS ROAD

COOPER CITY FL 33026

Name

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

City

FL

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
 STREET ADDRESS RAMIREZ, HARVEY
 CITY-ST-ZIP 3960 TREETOPS ROAD
 COOPER CITY FL 33026

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 ☐ 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 #

CR2E034 (5/01)