2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2000 8:00 am
Secretary of State
05-13-2000 90031 029 ***150.00

DOCUMENT # P99000104448

Entity Name

R

I A Tapatia Mexican Grocery VII, INC

Principal Place of Business	Mailing Address
325 New Market Rd Immokalee, FL 34142	P. O Box 1069 Arcadia, FL 34265

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612108 — 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
Gilberto Cendejas P.O Box 1069 — 1451 S-W Hwy 17 Arcadia, FL 34265 ARCADIA, FL 34266	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 changed) — 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, 2000 Fee will be $550.00
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
P Gilberto Cendejas P.O Box 1069 Arcadia, FL 34265 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition
S Gilberto Cendejas P.O Box 1069 Arcadia, FL 34265 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition
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☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: Gilberto Cendejas — 4/26/00 — 941-993-0992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number