

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105315

1. Entity Name
EL BUEN TACO, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90027 016 ***150.00

Principal Place of Business 5710 W KEATING COURT HOMOSASSA FL 34448	Mailing Address 5710 W KEATING COURT HOMOSASSA FL 34448
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3910 S. Suncoast Blvd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Homosassa, FL.	City & State	4. FEI Number 59 362 06 71	Applied For <input type="checkbox"/> Not Applicable
Zip 34446	Country U.S.A.	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRADO, BEVERLY 5710 W KEATING COURT HOMOSASSA FL 34448		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE PIVITIS	
NAME	NAME BEVERLY PRADO	STREET ADDRESS 5710 W. KEATING CT.	
STREET ADDRESS	STREET ADDRESS HOMOSASSA, FL. 34448	CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
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: Beverly Brown Prado **BEVERLY BROWN PRADO** April 20, 2000 628-91
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)