

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 99000 10 8338**
 1. Entity Name **TACO Gourmet Inc**

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90092 011 ***150.00

Principal Place of Business **4550 US 1
Grant Fl 32905
US**
 Mailing Address **4550 US 1
PO Box 780309
Sebastian Fl 32978-0309**

2. Principal Place of Business **TACO Gourmet Inc.**
 Suite, Apt. #, etc. **113**
 3. Mailing Address **777 E. Merritt Island**
 Suite, Apt. #, etc. **5#3**

DO NOT WRITE IN THIS SPACE

City & State **Merritt Island, FL**
 Zip **32958** Country **U.S.**
 City & State **Merritt Island, FL**
 Zip **32952** Country **U.S.**

4. FEI Number **52-2206473**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Vincent Venegas
753 Conestee Dr
West Melbourne Fl 32904

7. Name and Address of New Registered Agent
 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 _____ (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.

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	
TITLE Michael Vincent Venegas, Pres. <input type="checkbox"/> Delete	
NAME Vincent Venegas, Pres.	
STREET ADDRESS 753 Conestee Dr	
CITY-ST-ZIP West Melbourne Fl 32904	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information provided 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: _____ DATE **4/11/00** DAYTIME PHONE # _____

CR2E034 (9/99)