

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108756

1. Entity Name

ALEX TORTILLERIA RESTAURANT INC

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90151 049 ***150.00

Principal Place of Business 2417 W. OAKRIDGE RD. ORLANDO FL 32809	Mailing Address 2417 W. OAKRIDGE RD. ORLANDO FL 32809
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3656171	APPLIED FOR	Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HONORATO, ALEJANDRINO
1109 LISA LANE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name: HONORATO, Alejandrino
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] DATE: Jan 16/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	HONORATO, ALEJANDRINO	
STREET ADDRESS	1109 LISA LANE	
CITY-ST-ZIP	APOPKA FL 32703	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE: Jan 16/01 407-381-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Alejandrino Honorato Pres, D:2

CR2E034 (10/00)