## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

address, with all other like empower

## Jan 12, 2000 8:00 am **DOCUMENT # S03738 Secretary of State** LOS DUENOS LOCOS, INC. 01-12-2000 90060 028 \*\*\*150.00 Principal Place of Business Mailing Address 9701 1ST STREET E. 9701 1ST STREET E. TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706-3201 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3029835 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LENEHAN, DANIEL F. Street Address (P.O. Box Number is Not Acceptable) 9701 1ST STREET E. TREASURE ISLAND FL 33706 124 : 1 1 1 1 1 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 9: This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \_\_\_\_. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete Change TITLE LENEHAN, DANIEL F. NAME NAME STREET ADDRESS STREET ADDRESS 9701 1ST STREET E. CITY-ST-ZIP CITY-ST-7IP TREASURE ISLAND FL TITLE ☐ Addition ☐ Delete 高田 新月 112 日本山寺 NAME NAME **建17周**7-5 STREET ADDRESS STREET ADDRESS area or a said CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sindicated 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 of 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