

2000 UNIFORM BUSINESS REPORT (UBR)

0184717

DOCUMENT # S25326

1. Entity Name

TACO VIVA FRANCHISING, INC.

FILED

00 FEB 11 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

P. O. BOX 771046
CORAL SPRINGS FL 33077-1046
US

2. Principal Place of Business

2900 W. Sample Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Pompano Beach, FL
Zip

City & State

4. FEI Number

65-0369643

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, BRYAN G
9385 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Julie Lockwood

Street Address (P.O. Box Number is Not Acceptable)

2900 W. Sample Road

Pompano Beach FL

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

Julie E. Lockwood

Julie E. Lockwood President 2/9/00

Signature, typed or printed name of registered agent and title if applicable.

(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.
(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

TITLE PTDS
NAME LOCKWOOD, BRYAN G
STREET ADDRESS 1900 COLONIAL DRIVE
CITY-ST-ZIP CORAL SPRINGS FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

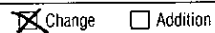


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

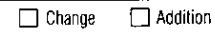


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTDS
NAME Julie E. Lockwood
STREET ADDRESS 2900 W. Sample Rd
CITY-ST-ZIP Pompano Beach, FL

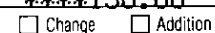


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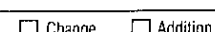


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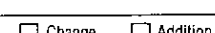
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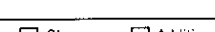
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

Julie E. Lockwood

Julie E. Lockwood

2/9/00 954-755-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)