

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90564 001 ***150.00

DOCUMENT # S25326
 1. Entity Name
TACO VIVA FRANCHISING, INC.

Principal Place of Business Mailing Address
2900 W SAMPLER ROAD P. O. BOX 771046
POMPANO BEACH FL CORAL SPRINGS FL 33077
US US



2. Principal Place of Business **1868 Monte Carlo Way**
 Suite, Apt. #, etc.
 3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Coral Springs FL**
 Zip **33071** Country **USA**
 City & State
 Zip Country

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
2900 W SAMPLER ROAD
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent
 Name **Bryan Lockwood**
 Street Address (P.O. Box Number if Not Acceptable) **1868 Monte Carlo Way**
 City **Coral Springs** **FL** Zip Code **33071**

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 **Bryan Lockwood** **Bryan Lockwood** **4/25/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 2002 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	<input type="checkbox"/> Delete
NAME	LOCKWOOD, BRYAN	
STREET ADDRESS	2900 W SAMPLER ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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
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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 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: **Bryan Lockwood** **Bryan Lockwood** **4/25/02** **954-755-8500**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)