

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20736

1. Entity Name

TEQUILA SUNRISE, CORP.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90193 014 ***150.00

Principal Place of Business

3894 SW 8TH STREET
CORAL GABLES FL 33134
US

Mailing Address

6860 S.W. 50 TERR.
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

3894 SW 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0604312

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, BAUTISTA
6860 S.W. 50 TERR.
MIAMI FL 33155

Name

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

3894 SW 8 Street

City

Miami

FL

Zip Code

33134

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

Bautista Perez

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

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PEREZ, BAUTISTA
STREET ADDRESS 6860 S.W. 50 TERR.
CITY-ST-ZIP MIAMI FL

TITLE President / Director ☒ Change ☐ Addition
NAME Bautista Perez
STREET ADDRESS 3894 SW 8 Street
CITY-ST-ZIP Coral Gables 41 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Bautista Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/01 (305) 2446-8280
Daytime Phone #

CR2E034 (10/00)