

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050102

**Entity Name:** TACO RICO RESTAURANT OF DORAL INC.

**Current Principal Place of Business:**

8688 NW 13 TERRACE  
DORAL, FL 33126

**Current Mailing Address:**

8688 NW 13 TERRACE  
DORAL, FL 33126

**FEI Number:** 45-2420956

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEAL, LELAND  
8688 NW 13 TERRACE  
DORAL, FL 33126 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NEAL, LELAND  
Address 8688 NW 13 TERR  
City-State-Zip: DORAL FL 33126

Title V  
Name ROSS, JAMES  
Address 8688 NW 13 TERR  
City-State-Zip: DORAL FL 33126

Title S  
Name ORTIZ, MARCELO  
Address 8688 NW 13 TERR  
City-State-Zip: DORAL FL 33126

Title D  
Name DIAZ, MILAGROS  
Address 8688 NW 13 TERR  
City-State-Zip: DORAL FL 33126

Title D  
Name PALMER, MARLON  
Address 8688 NW 13 TERR  
City-State-Zip: DORAL FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LELAND NEAL

VP

02/13/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date