

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001121

**Entity Name:** TACO BELL CARIBLA REGIONAL MARKETING FUND, INC.

**Current Principal Place of Business:**

1 GLEN BELL WAY  
IRVINE, CA 92618

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC7446928055**

**Current Mailing Address:**

1 GLEN BELL WAY  
IRVINE, CA 92618 US

**FEI Number: 20-0778896**

**Certificate of Status Desired: No**

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

GALVAN MESSICK, LLP  
951 YAMATO ROAD  
SUITE 250  
BOCA RATON, FL 33431 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           PRESIDENT/TREASURER  
Name           REYNA, MAGDALENA  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

Title           VP  
Name           HARMS, JULISKA  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

Title           SECRETARY  
Name           LAZAREFF, ANA MARIA  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           IBARGUEN, MARIO  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           PACHECO, JOSE  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           REYES, EDDY  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

Title           DIRECTOR  
Name           CLAUSSEN, JOSE FERNANDO  
Address        1 GLEN BELL WAY  
City-State-Zip: IRVINE CA 92618

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MAGDALENA REYNA**

**PRESIDENT**

**04/06/2017**

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

\_\_\_\_\_  
Date