

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90055 013 ***150.00

DOCUMENT # **001042 ✓**

1. Entity Name
Centro Espanol De Tampa, Inc.

Principal Place of Business Mailing Address

CENTRO ESPAÑOL DE TAMPA
3005 W. COLUMBUS DR.
TAMPA, FL 33607

770639

2. Principal Place of Business
3005 W. Columbus Drive

3. Mailing Address
P.O. Box 153095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-0189990

Applied For
 Not Applicable

Zip Country
33607 USA

Zip Country
33684 USA

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

Philip R. Lazzara, Esquire
307 S. Boulevard, Suite D
Tampa, FL 33606

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 *Philip R. Lazzara*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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	P/D	<input type="checkbox"/> Delete
NAME	Dennis Alfonso	
STREET ADDRESS	3005 W. Columbus Drive	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	/D	<input type="checkbox"/> Delete
NAME	Pastora Riveiro	
STREET ADDRESS	3005 W. Columbus Drive	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	/D	<input type="checkbox"/> Delete
NAME	Frank Juan	
STREET ADDRESS	3005 W. Columbus Drive	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	/D	<input type="checkbox"/> Delete
NAME	Ed de la Parte	
STREET ADDRESS	3005 W. Columbus Drive	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jorge Tamargo	
STREET ADDRESS	3005 W. Columbus Drive	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Delete
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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STREET ADDRESS		
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 agreement with an address, with all other names empowered.

SIGNATURE

Dennis A. Alfonso **4/26/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)