

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90179 043 ****61.25

0084932

DOCUMENT # 001042

1. Entity Name

CENTRO ESPANOL DE TAMPA, INC.



Principal Place of Business

**3005 W. COLUMBUS DRIVE
TAMPA FL 33607**

Mailing Address

**P.O. BOX 153095
TAMPA FL 33684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0189990**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, CARMEN C
3005 W COLUMBUS DR
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P/D	ALFONSO, DENNIS	3005 W. COLUMBUS DRIVE	TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RIVEIRO, PASTORA	3005 W. COLUMBUS DRIVE	TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JUAN, FRANK	3005 W. COLUMBUS DRIVE	TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DE LA PARTE, ED	3005 W. COLUMBUS DRIVE	TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	TAMARGO, JORGE	3005 W. COLUMBUS DRIVE	TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen C. Diaz* - Office Manager 3/31/03 813
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Day/Phone # 810-0559

CR2E037 (10/02)