

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90276 048 *****61.25

DOCUMENT # 711080

1. Entity Name

SPANISH LYRIC THEATRE, INC.

Principal Place of Business

**2819 SAFE HARBOR DR
TAMPA FL 33618
US**

Mailing Address

**2819 SAFE HARBOUR DR
TAMPA FL 33618
US**

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

23-7009336

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, RENE J
2819 SAFE HARBOR DR
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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 _____

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

(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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	C			
	VINA, JOHN			
	5218 EL TORO ST			
	TAMPA FL 33603			

	VCD			<input type="checkbox"/> Delete
	BISHOP, BOB			
	9307 HAMPSHIRE PARK DR			
	TAMPA FL 33647			

	TD			<input type="checkbox"/> Delete
	VIDAL, CARLOS M			
	PO BOX 1921			
	PLANT CITY FL 33564			

	T			<input checked="" type="checkbox"/> Delete
	STEWART, JAY			
	4734 TAMPA BAY DOWNS BLVD			
	LUTZ FL			

	SD			<input type="checkbox"/> Delete
	WALDEN, MARILYN			
	6402 OLYMPIA AVE			
	TAMPA FL 33634			

	TD			<input type="checkbox"/> Delete
	ECHEZABAL, HENRY			
	108 COUNTRY CLUB DR			
	TAMPA FL 33618			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

	T			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	CIN44 Rodriguez				
	5925 Ross Creek Road				
	Lakeland, FL 33810				

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-01

813-231-2117

CR2E037 (10/00)