

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713994

1. Entity Name

CENTRO ASTURIANO DE TAMPA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90144 043 ****61.25

Principal Place of Business TAMPA, FLORIDA 1913 NEBRASKA AVENUE TAMPA FL 33602	Mailing Address 1913 NEBRASKA AVENUE TAMPA FL 33602-2525
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0148165	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ELVIRA T
1913 NEBRASKA AVE
TAMPA FL 33602

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
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FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ELVIRA T 4805 MENDENHALL DR TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIACCIO, EVA 3115 CHERRY ST. TAMPA FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, MANUEL J 1402 N MATANZAS TAMPA FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOE 1519 RIVER LANE DR. TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NIETO, ALBERT 4200 W BEACHWAY DR TAMPA FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, WILLIAM F 4805 MENDENHALL DR TAMPA FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Elvira T. Garcia, Pres. 4-28-00 (813) 229-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)