

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

0089153

**DOCUMENT # 713994**

1. Entity Name

**CENTRO ASTURIANO DE TAMPA, INC.**

Principal Place of Business

**TAMPA, FLORIDA  
 1913 NEBRASKA AVENUE  
 TAMPA FL 33602**

Mailing Address

**1913 NEBRASKA AVENUE  
 TAMPA FL 33602**

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

**59-0148165**

Applied For

Not Applicable

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

**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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete            |
| NAME           | GARCIA, ELVIRA T    |                                            |
| STREET ADDRESS | 4805 MENDENHALL DR  |                                            |
| CITY-ST-ZIP    | TAMPA FL 33602      |                                            |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | CIACCIO, EVA        |                                            |
| STREET ADDRESS | 3115 CHERRY ST.     |                                            |
| CITY-ST-ZIP    | TAMPA FL 33607      |                                            |
| TITLE          | VP                  | <input type="checkbox"/> Delete            |
| NAME           | BLANCO, MANUEL J    |                                            |
| STREET ADDRESS | 1402 N MATANZAS     |                                            |
| CITY-ST-ZIP    | TAMPA FL 33607      |                                            |
| TITLE          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | PEREZ, JOE          |                                            |
| STREET ADDRESS | 1519 RIVER LANE DR. |                                            |
| CITY-ST-ZIP    | TAMPA FL 33603      |                                            |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | NIETO, ALBERT       |                                            |
| STREET ADDRESS | 4200 W BEACHWAY DR  |                                            |
| CITY-ST-ZIP    | TAMPA FL 33609      |                                            |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | GARCIA, WILLIAM F   |                                            |
| STREET ADDRESS | 4805 MENDENHALL DR  |                                            |
| CITY-ST-ZIP    | TAMPA FL 33603      |                                            |

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

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:

*Albert Nieto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)