

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90075 029 *****70.00

DOCUMENT # 722809

1. Entity Name

CIRCULO CUBANO DE TAMPA, INC.

Principal Place of Business

Mailing Address

**2010 AVENIDA REPUBLICA DE CUBA
TAMPA FL 33605**

**P O BOX 5625
TAMPA FL 33675
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

59-1093645

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

**DOSAL, PAUL JAIME
2010 AVE REPUBLICA DE CUBA
TAMPA FL 33605**

Name

Mario Gonzalez Jr.

Street Address (P.O. Box Number is Not Acceptable)

2010 Avenida Republica de Cuba

City

Tampa

FL

Zip Code

33605

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	V	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ANGELO	
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAVIN, RAUL	
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTA, JOE	
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE QUESADA, ALEJANDRO M JR	
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNISTER, ROSS	
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Mario, Jr.	
STREET ADDRESS	2010 Republica de Cuba	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lavin, Raul	
STREET ADDRESS	2010 Republica de Cuba	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Castillo, Frank	
STREET ADDRESS	2010 Republica de Cuba	
CITY-ST-ZIP	Tampa, FL 33605	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-2001 248-2954

CR2E037 (10/00)