

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90140 016 ****61.25

DOCUMENT # 723743

1. Entity Name

LAS DAMAS DE ARTE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14212
 TAMPA FL 33690
 US

P.O. BOX 14212
 TAMPA FL 33690-4212
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3182355

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

SILVERMAN, SCOTT T
201 EAST KENNEDY BOULEVARD
SUITE 850
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 PD Delete
 NAME GAYNOR, CAROL A
 STREET ADDRESS 4141 BAYSHORE BOULEVARD, SUITE 801
 CITY-ST-ZIP TAMPA FL 33611

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME JOHNSTON, CARLEE
 STREET ADDRESS 12115 GOLFSIDE DRIVE
 CITY-ST-ZIP TAMPA FL 33612

TITLE Change Addition
 NAME Beverly Hubbell
 STREET ADDRESS 26080 Wootyson Avenue
 CITY-ST-ZIP Tampa, FL 33611

TITLE RSD Delete
 NAME HUSTON, SANDRA
 STREET ADDRESS 3110 WEST WALLCRAFT AVENUE
 CITY-ST-ZIP TAMPA FL 33611

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CSD Delete
 NAME MILLER, FLORENCE
 STREET ADDRESS 901 S. WILLOW AVENUE
 CITY-ST-ZIP TAMPA FL 33606

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME SELITTO, JACQUELINE
 STREET ADDRESS 751 - 39TH AVENUE NORTH
 CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *CAROL A GAYNOR* RECORDED, Gaynor

2-1-00 813-935-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #