

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762452

1. Entity Name

CLUB COLOMBIA DE TAMPA, INC.

Principal Place of Business

7820 N. ARMENIA AVENUE
TAMPA FL 33604
US

Mailing Address

P.O. BOX 151873
TAMPA FL 33684

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

59-2381121

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

PAUL, AMPARO
7617 WINGING WAY DR
TAMPA FL 33615

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, AMPARO 7617 WINGING WAY DR TAMPA FL 33615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEON, WILLIAM 7001 64H ST. N PINELLAS PARK FL 33781	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDOZA, MAURO 7306 BARRY RD TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, MARIA TERESA 19307 GARDEN QUILT CR LUTZ FL 33649	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, MAX MD 7820 N ARMENIA AVE TAMPA FL 33604	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO, JORGE ENRIQUE MD 4206 GOLF POINT CT TAMPA FL 33624	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90094 042 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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