

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000008366

1. Entity Name
 VENEZUELAN SUNCOAST ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 3112 EGRET TERR SAFTY HARBOR FL 34695 | Mailing Address 3112 EGRET TERR SAFTY HARBOR FL 34695 |
|---|---|

| | |
|---|--------------------------------------|
| 2. Principal Place of Business 3112 EGRET TERR | 3. Mailing Address P.O. BOX 23565 |
|---|--------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---------------------------------|--------------------------|
| City & State SAFTY HARBOR FL | City & State TAMPA FL |
|---------------------------------|--------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 34695 | Country | Zip 33623 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3608282 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TESTA PHILLIP J
 4726-B N LOIS AVE

 TAMPA FL
 33614 US

7. Name and Address of New Registered Agent

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 _____ DATE **05/01/2001**
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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BOULTON CARLOS 15 KELLEYS TRAIL OLDSMAR FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete WEST LOURDES 3112 EGRET TERR SAFTY HARBOR FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STOBER MARELLA 1871 OAK FOREST DR CLEARWATER FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LOPEZ OSVALDO 6820 ARMAND DR TAMPA FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RIVAS MARIA A 4711 W WATERS AVE TAMPA FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PASTOR CARMEN 3705 WEST IDLEWILD AVE #600 TAMPA FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEST LOURDES 3112 EGRET TERR SAFTY HARBOR FL 34695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STOBER MARBELLA 1871 OAK FOREST DR EAST CLEARWATER FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MENZEROTOLO SARA 3446 HINESDALE CT. CLEARWATER FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOULTON CARLOS 15 KELLEY'S TRAIL OLDSMAR FL 34677 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARBELLA STOBER TREA **05/01/2001**

CR2E037 (11/00)