## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000008366

Entity Name: VENEZUELAN SUNCOAST ASSOCIATION, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3112 EGRET TERR SAFETY HARBOR, FL 34695 **Current Mailing Address: New Mailing Address:** P.O.BOX 23565 TAMPA, FL 33623 FEI Number: 59-3608282 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TESTA, PHILLIP J 4726-B N LOIS AVE TAMPA, FL 33614 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BOULTON, CARLOS STOBER, MARBELLA Name: Name: 15 KELLEY'S TRAIL Address: 1871 OAK FOREST DR. EAST Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: CLEARWATER, FL 33759 US Title: () Delete Title: (X) Change ( ) Addition MENZEROTOLO, SARA Name: SALAZAR, JESUS Name: Address: 3446 HINESDALE CT. Address: 205 KATHERINE BLVD. #1211 City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: PALM HARBOR, FL 34684 US Title: () Delete Title: (X) Change ( ) Addition STOBER, MARBELLA PINTO, GREGORIO Name: Name: 1871 OAK FOREST DR EAST 3731 FAWN GROVE Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: LAND O'LAKES, FL 34639 US Title: ( ) Delete Title: D (X) Change ( ) Addition WEST, LOURDES Name: Name: WEST, LOURDES Address: 3112 EGRET TERR Address: 3112 EGRET TERR City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 US Title: () Delete Title: (X) Change ( ) Addition PASTOR, CARMEN RICHE, PAUL Name: Name: 3705 WEST IDLEWILD AVE #600 11835 HICKORYNUT DR. Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33625 US Title: () Delete Title: ( ) Change (X) Addition FUENTES, MARTHA Name: Name: Address: Address: 4431 HIDDEN SHADOW DR. TAMPA, FL 33614 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARBELLA STOBER P 04/29/2002