


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90128 039 ****61.25

DOCUMENT # N00000008366

1. Entity Name
VENEZUELAN SUNCOAST ASSOCIATION, INC.



Principal Place of Business
**3112 EGRET TERR
SAFETY HARBOR FL 34695**

Mailing Address
**P.O. BOX 23565
TAMPA FL 33623**


2. Principal Place of Business
1871 OAK FOREST DR. E.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State

Zip
33759 Country
USA



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

**TESTA, PHILLIP J
4726-B N LOIS AVE
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STOBER, MARBELLA	
STREET ADDRESS	1871 OAK FOREST DR. EAST	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, JESUS	
STREET ADDRESS	205 KATHERINE BLVD. #1211	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINTO, GREGORIO	
STREET ADDRESS	3731 FAWN GROVE	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, LOURDES	
STREET ADDRESS	3112 EGRET TERR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHE, PAUL	
STREET ADDRESS	11835 HICKORYNUT DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUENTES, MARTHA	
STREET ADDRESS	4431 HIDDEN SHADOW DR.	
CITY-ST-ZIP	TAMPA FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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 REQUIRED GREGORIO PINO** 01-21-03 813-996-6305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)