

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90117 011 \*\*\*\*70.00

**DOCUMENT # N96000001978**

1. Entity Name

**DOMINICAN PROFESSIONALS AND BUSINESSMEN/WOMEN AS**

Principal Place of Business

Mailing Address

**3002 WEST PRICE AVENUE  
 TAMPA FL 33611**

**3002 WEST PRICE AVENUE  
 TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

/ Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3372040**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WESTHOFF, ERCILIA R  
 8009 JASMINE DR  
 TEMPLE TERRACE FL 33637**

Name **CLARIDILIA URENA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11420 GEORGETOWN CR**  
**TAMPA FL**  
 City **FL** Zip Code **33635**

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.

**CLARIDILIA URENA, DIRECTOR**

SIGNATURE *Claridilia Urena*

**4/25/01**

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	<b>D</b> <b>SOTO, DAMARIS</b> <b>C/O 3002 WEST PRICE AVENUE</b> <b>TAMPA FL 33611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WESTHOFF, ERCILIA</b> <b>8009 JASMINE DR</b> <b>TEMPLE TERRACE FL 33637</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HERRERA, TRUDY</b> <b>3003 W CASS AVE</b> <b>TAMPA FL 33609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORDERO, IVELISSE</b> <b>3411 DANNY BRYAN BLVD</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORDERO, LUIS</b> <b>3411 DANNY BRYAN BLVD</b> <b>TAMPA FL 33611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LUIS URENA</b> <b>11420 GEORGETOWN CR.</b> <b>TAMPA, FL 33635</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRES.</b> <b>FRANKLIN TORRES</b> <b>1605 ELK SPRING DRIVE</b> <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KAUL GERMOSEN</b> <b>918 WINCHESTER CT</b> <b>BRANDON, FL 33510</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>LUIS RUIZ</b> <b>303 N. 24TH. ST.</b> <b>TAMPA, FL 33605</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>LUISA TORRES</b> <b>1605 ELK SPRING DRIVE</b> <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CLARA URENA</b> <b>11420 GEORGETOWN CR</b> <b>TAMPA FL 33635</b>	<input type="checkbox"/> Change <input checked="" 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)(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: *Claridilia Urena* **CLARIDILIA URENA** **4/25/01** **(813) 925 1965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)