

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

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

04-24-2003 90198 024 ****69.00

DOCUMENT # N96000001978
1. Entity Name
**DOMINICAN PROFESSIONALS AND BUSINESSMEN/WOMEN AS
SOCIATION OF THE TAMPA BAY AREA, INC.**



Principal Place of Business Mailing Address
**3002 WEST PRICE AVENUE 3002 WEST PRICE AVENUE
TAMPA FL 33611 TAMPA FL 33611**

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 **59-3372040** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
URENA, CLAUDIA
11420 GEORGETOWN
TAMPA FL 33635
LUIS CORDERO
1522 RIVER DR. APT. E-103
TAMPA, FL 33603

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 *[Signature]* **LUIS CORDERO, Pres.** **4-21-03**
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 **\$5.00** May Be **Make Check Payable to**
Trust Fund Contribution. Added to Fees **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	URENA, LUIS	
STREET ADDRESS	11420 GEORGETOWN CIR	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TORRES, FRANKLIN	
STREET ADDRESS	1605 ELK SPRING DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERMSEN, PAUL	
STREET ADDRESS	918 WINCHESTER CRT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUIS, LUIS	
STREET ADDRESS	303 N 24TH ST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, LUISA	
STREET ADDRESS	1605 ELK SPRING DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URENA, CLARA	
STREET ADDRESS	11420 GEORGETOWN CIR	
CITY-ST-ZIP	TAMPA FL 33635	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORDERO, LUIS	
STREET ADDRESS	1522 RIVER DR. APT. E-103	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, ENRIQUE	
STREET ADDRESS	3913 LYNN AVE.	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URENA, CLARA	
STREET ADDRESS	11420 GEORGETOWN CR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRERA, HERTRUDY	
STREET ADDRESS	3003 W. CASS ST.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, FRANKLYN	
STREET ADDRESS	1605 ELK SPRING DR.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO-FRASSICA, DAMARIS	
STREET ADDRESS	3002 WEST PRICE AVE.	
CITY-ST-ZIP	TAMPA, FL 33611	

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]* **SECRETARY** **4/19/03** **(813) 880-0807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

CR2E037 (10/02)