

DOCUMENT # P97000019048

1. Entity Name

Principal Place of Business	Mailing Address
8644 49th Street North Pinellas Park, FL 336782	8644 49th St. North Pinellas Park, FL 33782

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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A3061084

4. FEI Number	59-3429972	Applied For
		Not Applicable

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

Nancy C. Leyva
8644 49th Street North
Pinellas Park, FL 36782

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

TITLE	PSD	<input type="checkbox"/> Delete
NAME	Leyva, Nancy C.	
STREET ADDRESS	8644 49th St. N.	
CITY-ST-ZIP	Pinellas Park, FL 36782	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Luis, Ireno	
STREET ADDRESS	8644 49th St. N.	
CITY-ST-ZIP	Pinellas Park, FL 36782	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Liliana Caballero	
STREET ADDRESS	8644 49th St. North	
CITY-ST-ZIP	Pinellas Park, FL 36782	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Rebeca Liboy	
STREET ADDRESS	3992 28th St. N.	
CITY-ST-ZIP	Pinellas Park, FL 33713	<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)