

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765802

1. Entity Name

COLOMBIAN VOLUNTEER LADIES OF TAMPA BAY, INC.

Principal Place of Business

P.O. BOX 271671  
TAMPA FL 33688

Mailing Address

P.O. BOX 271671  
TAMPA FL 33688

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ-HOYOS, JOSE V  
6515 ARMENIA AVE.  
TAMPA FL 33604

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.

SIGNATURE

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 DP ☐ Delete  
NAME SUAREZ-HOYOS, JOSE V  
STREET ADDRESS 6515 N. ARMENIA AVE.  
CITY-ST-ZIP TAMPA FL 33604

TITLE TD ☐ Change ☒ Addition  
NAME ECHEVEREI, HERNANDO  
STREET ADDRESS 6515 N. ARMENIA AVE.  
CITY-ST-ZIP TAMPA, FL 33604

TITLE VD ☐ Delete  
NAME JOHNSON, SONIA  
STREET ADDRESS 11104 RICHLYNE STREET  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME CADENA, MERCEDES  
STREET ADDRESS 4160 BRENTWOOD PARK  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME PENA, CAROLINA  
STREET ADDRESS 4204 CARROLLWOOD VILLAGE CT  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BARRIENTOS, LUZ MARIA  
STREET ADDRESS 13604 SOUTH VILLAGE DR. APT.311  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HISCHOFF, LUZ MARINA  
STREET ADDRESS 9507 HAMLET LANE  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Change ☐ 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:

*S. SUAREZ-HOYOS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02 (813) 932-0374

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90316 021 \*\*\*\*70.00