

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

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

DOCUMENT # 765802

1. Entity Name

COLOMBIAN VOLUNTEER LADIES OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 271671
 TAMPA FL 33688

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



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD 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 Delete
 NAME **SD 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)