

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248101

1. Entity Name

JASPER STREET SHOPPING CENTER, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90028 018 ***150.00

Principal Place of Business

Mailing Address

4315 S. MANHATTAN AVE.
TAMPA FL 33611

4315 S. MANHATTAN AVE.
TAMPA FL 33611-1303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0954612

Applied For

Not Applicable

Zip

Country

Zip

Country

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



Zoila Urguiaga
4315 S Manhattan Ave.
Tampa, FL 33611

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

9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	VALDEZ, ROBERT E	
STREET ADDRESS	4509 HENDERSON BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	URQUIAGA, ZOILA	
STREET ADDRESS	4401 HENDERSON	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VALDEZ, YVONNE	
STREET ADDRESS	4509 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Zoila Urguiaga	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4315 S Manhattan Ave.	
STREET ADDRESS	Tampa, FL 33611	
CITY-ST-ZIP		
TITLE	ST. PEPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Urquiaga	
STREET ADDRESS	4315 S Manhattan Ave	
CITY-ST-ZIP	Tampa, FL 33611-1303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)