

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0079295

DOCUMENT # 722809

1. Entity Name

CIRCULO CUBANO DE TAMPA, INC.

04-02-2002 90921 020 ****61.25

Principal Place of Business
**2010 AVENIDA REPUBLICA DE CUBA
 TAMPA FL 33605**

Mailing Address
**P O BOX 5625
 TAMPA FL 33675
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1093645**

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

**GONZALEZ, MARIO JR
 2010 AVENIDA REPUBLICA DE CUBA
 TAMPA FL 33605**

Name **JORGE DIAZ**
 Street Address (P.O. Box Number is Not Acceptable)
2010 AVENIDA REPUBLICA DE CUBA
 City **TAMPA** FL Zip Code **33605**

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]* **JORGE DIAZ, PRESIDENT** **1/14/02**
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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MARIO JR 2010 REPUBLICA DE CUBA TAMPA FL 33605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIN, RAUL 2010 REPUBLICA DE CUBA TAMPA FL 33605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, JOE 2010 AVENIDA REPUBLICA DE CUBA TAMPA FL 33605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE QUESADA, ALEJANDRO M JR 2010 AVENIDA REPUBLICA DE CUBA TAMPA FL 33605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNISTER, ROSS 2010 AVENIDA REPUBLICA DE CUBA TAMPA FL 33605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTILLO, FRANK 2010 REPUBLICA DE CUBA TAMPA FL 33605	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORGE DIAZ 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAINE MORELY 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIO GONZALEZ JR. 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL OOSAL 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **JORGE DIAZ** **1/14/02** **813 963 1924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)