

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J10958

(3)

1. Corporation Name

UPMAN ENTERPRISES, INC.



Principal Place of Business

**6706 BENJAMIN ROAD, SUITE 400
TAMPA FL 33634**

Mailing Address

**6706 BENJAMIN ROAD, SUITE 400
TAMPA FL 33634**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**SALCINES, E. J.
111 E. MADISON STREET
SUITE 1100, FIRST FLORIDA TOWER
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/24/1986

3a. Date of Last Report

05/16/1995

4. FEI Number

59-2662651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of Now Registered Agent

SIGNATURE

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

(NOTE: Registered Agent's signature is required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ DELETE
NAME **GONZALEZ, ALICE**
STREET ADDRESS **13826 GREENFIELD DR, #209**
CITY-ST-ZIP **TAMPA FL**

TITLE **PT** ☐ DELETE
NAME **SANCHEZ-MARCOS, ELPIDIO**
STREET ADDRESS **6706 BENJAMIN RD STE 400**
CITY-ST-ZIP **TAMPA FL**

TITLE **MD** ☒ DELETE
NAME **ELORRIETA, ANTONIO E**
STREET ADDRESS **2544 VICTARRA CIR**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **SANCHEZ-MARCOS LUIS**
1.3 STREET ADDRESS **6706 Benjamin Rd. #400**
1.4 CITY-ST-ZIP **Tampa, FL. 33634**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Garcia Roberto**
2.3 STREET ADDRESS **6706 Benjamin Rd. #400**
2.4 CITY-ST-ZIP **Tampa, FL. 33634**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Ruiz Angel**
3.3 STREET ADDRESS **6706 Benjamin Rd. #400**
3.4 CITY-ST-ZIP **Tampa, FL. 33634**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996

813-886-7893

Date

Telephone Number

CR2E034 (12/95)