

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33634-4419



3. Date Incorporated or Qualified

04/24/1986

3a. Date of Last Report

05/01/1986

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 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME GONZALEZ, ALICE
STREET ADDRESS 13626 GREENFIELD DR, #209
CITY-ST-ZIP TAMPA FL

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

TITLE D
NAME SANCHEZ-MARCOS LUIS
STREET ADDRESS 6706 BENJAMIN ROAD #400
CITY-ST-ZIP TAMPA FL

TITLE D
NAME GARCIA, ROBERTO
STREET ADDRESS 6706 BENJAMIN ROAD, #400
CITY-ST-ZIP TAMPA FL

TITLE D
NAME RUIZ, ANGEL
STREET ADDRESS 6706 BENJAMIN ROAD, #400
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I do 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 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

Alice Gonzalez VSD 4-9-97 813-886-7893

Date

Daytime Phone #

CR2E034 (9/96)