

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90030 017 ***150.00

DOCUMENT # J10958

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1986

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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

10. Name and Address of New Registered Agent

81 Name

Alice Gonzalez

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

10137 Mainlands Blvd. W.

83

84 City

Pinellas Park

FL

85 Zip Code
33782

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

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

Alice Gonzalez

DATE

3/22/99

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME GONZALEZ, ALICE
STREET ADDRESS 13626 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 D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME SALCINES, E J
STREET ADDRESS 111 E MADISON ST
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Alice Gonzalez
1.3 STREET ADDRESS 10137 Mainlands Blvd. W.
1.4 CITY-ST-ZIP Pinellas Park, FL 33782

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Alice Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 813-8867893

0397921

CR2E034 (11/98)