

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90736 001 \*\*\*150.00

**DOCUMENT # J86908**

1. Entity Name  
**THE CORNER OF TAMPA, INC.**



Principal Place of Business  
**5019 NORTH LOIS AVENUE  
8003 N. ROME AVENUE  
TAMPA FL 33614  
US**

Mailing Address  
**5019 NORTH LOIS AVENUE  
8003 N. ROME AVENUE  
TAMPA FL 33614  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4130 W Waters Ave**

3. Mailing Address  
**4130 W Waters Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa Fla**

City & State  
**Tampa Fla**

4. FEI Number  
**59-2859739**

Applied For  
Not Applicable

Zip  
**33614**

Country  
**USA**

Zip  
**33614**

Country  
**USA**

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

**ST MICHAEL, DELIA  
8003 NORTH ROME AVENUE  
TAMPA FL 33614**

Name  
**Delia Valdes**

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

**8003 N. Rome Ave.**

City  
**Tampa**

FL

Zip Code  
**33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
*Sandra Valdes*

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

(NOTE: Registered Agent signature required when reinstating)

**3-7-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
VALDES, SANDRA  
8003 N. ROME AVE.  
TAMPA FL**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ST MICHAEL, DELIA  
8003 NORTH ROME AVENUE  
TAMPA FL 33604**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delia Valdes  
8003 N. Rome Ave  
Tampa Fla. 33604**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 607, 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: *Sandra Valdes* **3-7-03 813-9325079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)