

# 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



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

Country

33614 U.S.A.

Zip

Country

33614 U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ST MICHAEL, DELIA  
8003 NORTH ROME AVENUE  
TAMPA FL 33614

7. Name and Address of New Registered Agent

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

*Delia Valdes*

3-7-03

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

(NOTE: Registered Agent signature required when reinstating)

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

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

☐ Delete

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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* 3-7-03 813-932579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)