

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90010 013 \*\*\*\*61.25

**DOCUMENT # N00000001071**

1. Entity Name

**OPERATION DEBT FREE AMERICA, INC.**

Principal Place of Business

4514 W. HIAWATHA ST.  
 TAMPA FL 33614

Mailing Address

4514 W. HIAWATHA ST.  
 TAMPA FL 33614

**C0072388**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4149 W. WATERS AVE  
 Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE  
 Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-3625538

Applied For

Not Applicable

Zip

336014

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, CARLOS J  
 4514 W. HIAWATHA ST.  
 TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

N/A

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

City

FL

Zip Code

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.

SIGNATURE

*[Signature]*

CARLOS J. ALMEIDA - Pres

6/28/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME ALMEIDA, CARLOS J  
 STREET ADDRESS 4514 W. HIAWATHA ST.  
 CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
 NAME ALMEIDA, LESLIE C  
 STREET ADDRESS 4514 W. HIAWATHA ST.  
 CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
 NAME NUNEZ, ROBERTO  
 STREET ADDRESS 4514 W. HIAWATHA ST.  
 CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
 NAME NUNEZ, ELSA C  
 STREET ADDRESS 4514 W. HIAWATHA ST.  
 CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*[Signature]* CARLOS J. ALMEIDA - Pres. 6/28/01 (813) 891-9144

CR2E037 (10/00)