

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 044 ****70.00

DOCUMENT # N01000005846

1. Entity Name

CENTRO DE CULTURA Y TURISMO COLOMBIANO, INC.

Principal Place of Business

Mailing Address

**5606 LOUIS XIV COURT STE B
TAMPA FL 33614**

**5606 LOUIS XIV COURT STE B
TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3748288

Applied For

Not Applicable

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

**DOMINGUEZ, EUGENIO
5606 LOUIS XIV COURT STE B
TAMPA FL 33614**

Name

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
DOMINGUEZ, EUGENIO
STREET ADDRESS **5606 LOUIS XIV COURT STE B**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE ☒ Delete
NAME **D**
ORDONEZ, CARLOS A
STREET ADDRESS **1110 VERSANT DR NO 102**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☒ Change ☐ Addition
NAME **EXECUTIVE DIRECTOR**
STREET ADDRESS **CLARIBEL DOMINGUEZ**
CITY-ST-ZIP **5606 LOUIS XIV COURT SUITE B
TAMPA, FL. 33614**

TITLE ☐ Delete
NAME **D**
BECERRA, ALBA M
STREET ADDRESS **8907 BRIAR HOLLOW CT**
CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE ☒ Delete
NAME **D**
BAUTISTA R., CLAUDIA M
STREET ADDRESS **809 PENINSULAR ST NO A-09**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☒ Change ☐ Addition
NAME **GENERAL DIRECTION ASSIST.**
STREET ADDRESS **LUIS F. SEVILLANO**
CITY-ST-ZIP **17834 JAMESTOWN WAY APT. E
LUTZ, FL. 33558-7703**

TITLE ☐ Delete
NAME **D**
JARAMILLO, ALCARDO
STREET ADDRESS **5126 N. HABANA AVE NO 207**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE ☐ Delete
NAME **D**
ZAPATA, ISOLDA M
STREET ADDRESS **5126 N HABANA AVE NO 207 B**
CITY-ST-ZIP **TAMPA FL 33614**

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 all other like empowered.

SIGNATURE:

Eugenio Dominguez
SIGNATURE REQUIRED

EUGENIO DOMINGUEZ APRIL 9, 2002 813-871-2833

CR2E037 (9/01)