

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90106 020 \*\*\*\*61.25

**DOCUMENT # NO2000003723**

1. Entity Name

**TAMPA-LA HABANA HUMANITARIAN SOCIETY, INC.**



Principal Place of Business

**313 W OSBORNE AVE  
TAMPA FL 33603**

Mailing Address

**313 W OSBORNE AVE  
TAMPA FL 33603**

2. Principal Place of Business

**1007 West Cleveland St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

Zip

**33606**

Country

**U.S.**

Country

4. FEI Number

**03-0443458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRYANT, JOESPH R  
313 W OSBORNE AVE  
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name

**Joseph R. Bryant**

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

**1007 West Cleveland Street**

City

**Tampa**

**FL**

Zip Code  
**33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/22/03**

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | P                                 | <input type="checkbox"/> Delete |
| NAME           | <b>BRYANT, JOSEPH R</b>           |                                 |
| STREET ADDRESS | <b>313 W OSBORNE AVE</b>          |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33603</b>             |                                 |
| TITLE          | VT                                | <input type="checkbox"/> Delete |
| NAME           | <b>MISA, MICHAEL A</b>            |                                 |
| STREET ADDRESS | <b>201 E KENNEDY BLVD STE 215</b> |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33602</b>             |                                 |
| TITLE          | S                                 | <input type="checkbox"/> Delete |
| NAME           | <b>MAYOZ, RUDY</b>                |                                 |
| STREET ADDRESS | <b>6301 MEMORIAL HWY STE 109</b>  |                                 |
| CITY-ST-ZIP    | <b>TAMPA FL 33603</b>             |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | P                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Bryant, Joseph R.</b>          |  |
| STREET ADDRESS | <b>1007 West Cleveland Street</b> |  |
| CITY-ST-ZIP    | <b>Tampa, Florida 33606</b>       |  |
| TITLE          | VT                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Misa, Michael A.</b>           |  |
| STREET ADDRESS | <b>1007 West Cleveland Street</b> |  |
| CITY-ST-ZIP    | <b>Tampa, Florida 33606</b>       |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature]**

**8/22/03 (RUB) 769-0328**

CR2E037 (4/03)