


**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**  
01-10-2003 90030 034 \*\*\*\*61.25

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

**DOCUMENT # N02000008207**

1. Entity Name  
**THE TAMPA-CUBA RELIEF FOUNDATION, INC.**



Principal Place of Business <b>ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., STE. 280 TAMPA FL 33602</b>	Mailing Address <b>ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., STE. 280 TAMPA FL 33602</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-2298455**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, DANIEL J  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BLVD., STE. 280  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAURICIO, MICHAEL</b>	
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD., STE. 280</b>	
CITY- ST- ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ-SUAREZ, AL R</b>	
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD., STE. 280</b>	
CITY- ST- ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, JOSEPH K</b>	
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD., STE. 280</b>	
CITY- ST- ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STINE, DONALD</b>	
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD., STE. 280</b>	
CITY- ST- ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, GENE</b>	
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD., STE. 280</b>	
CITY- ST- ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAVAGE, ARTHUR</b>	
STREET ADDRESS	<b>777 S. HARBOUR ISLAND BLVD., STE. 280</b>	
CITY- ST- ZIP	<b>TAMPA FL 33602</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

Date **1/7/03** Daytime Phone # **813-229-5353**

CR2E037 (10/02)