

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

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90032 015 \*\*\*\*\*61.25

DOCUMENT # N02000009539

1. Entity Name

TIERRA MESTIZA CULTURAL CORPORATION



Principal Place of Business

11477 FORT CAROLINE LAKES DRIVE N  
JACKSONVILLE FL 32225

Mailing Address

11477 FORT CAROLINE LAKES DRIVE N  
JACKSONVILLE FL 32225

2. Principal Place of Business

11873 MINFORD CIR  
Suite, Apt. #, etc.

3. Mailing Address

11873 MINFORD CIR  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
JACKSONVILLE FL

City & State  
JACKSONVILLE FL

4. FEI Number  
13-4252917

Applied For  
Not Applicable

Zip  
32246

Country  
USA

Zip  
32246

Country  
USA

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

6. Name and Address of Current Registered Agent

OSPINA, JULIO  
11477 FORT CAROLINE LAKES DRIVE N  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name  
OSPINA JULIO  
Street Address (P.O. Box Number is Not Acceptable)  
11873 MINFORD CIR.  
City  
JACKSONVILLE FL. FL Zip Code  
32246

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

FILE NOW: FEE IS \$61.25

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 PD  
NAME OSPINA, JULIO  
STREET ADDRESS 11477 FORT CAROLINE LAKES DRIVE N  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE VD  
NAME NINO, JAVIER  
STREET ADDRESS 4188 TIMBERLAKE DRIVE N  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE STD  
NAME CASTRO, ELIZABETH  
STREET ADDRESS 451 MONUMENT ROAD #404  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME OSPINA JULIO  
STREET ADDRESS 11873 MINFORD CIR  
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Change ☐ Addition

TITLE VD  
NAME JOSE RAUL VARGAS  
STREET ADDRESS 11873 MINFORD CIR  
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ Change ☐ Addition

TITLE STD  
NAME HARM OLIVEROS  
STREET ADDRESS 3165 SWEETWATER OAKS DR N  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☒ 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 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] SIGNATURE REQUIRED

07-7-03

904-565-9372

CR2E037 (10/02)