2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21206

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90040 004 ****70.00

1. Entity Name

CLUB PERUANO DE TAMPA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 20381 TAMPA FL 33622-0381	P.O. BOX 20381 TAMPA FL 33622-0381

DO NOT WRITE IN THIS SPACE

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 59-2850782 ☐ 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
MCCAULEY, EDNA 3416 W. CARACAS ST TAMPA FL 33614	Name: AIDA HALLUSKA Street Address (P.O. Box Number is Not Acceptable): 18007 CLEAR LAKE DR City: LUTZ **FL** Zip Code: 33549

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 Aida Halluska 3-3-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCAULEY, EDNA 3416 W CARACAS ST TAMPA FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AIDA HALLUSKA 18007 CLEAR LAKE DR. LUTZ FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VELASQUEZ, FERNANDO DR. 2906 W TAMPA BAY TAMPA FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Louis J. GOMEZ 9942 STOCKBRIDGE DR. TAMPA FL 33626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MERA, MERCEDES 4538 W MINEHAHA TAMPA FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NANCY A. GOMEZ 9942 STOCKBRIDGE DR. TAMPA FL 33626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BELLEDONE, NELLY 3901 BRAESTGATE TAMPA FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAMES PLUNKETT 5640-G KINGFISH DR LUTZ FL 33549	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REVELLO, MARIA A 5501 REFLECTIONS BLVD LUTZ FL 33549	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLADYS PLASKOWSKY 260 BALSAM DR. OLDSMAR FL 34677	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAHUAS, TATIANA 16814 LE CLARE SHORES DRIVE TAMPA FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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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 Aida Halluska 3/4/00 94978-57
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #