## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 18, 2002 8:00 am Secretary of State **DOCUMENT # N21206** 1. Entity Name PERUVIAN AMERICAN SOCIETY CLUB PERUANO DE TAMPA, INC. OR 04-18-2002 90474 004 \*\*\*\*61.25 OF TAMPA BAY, INC. Principal Place of Business Mailing Address P.O. BOX 20381 P.O. BOX 20381 TAMPA FL 33622-0381 TAMPA FL 33622-0381 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2850782 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ULEOA TWILLIAM Street Address (P.O. Box Number is Not Acceptable) ULLOA, SADITH 9812 GRETNA GREEN DRIVE 9812 GRETNA GREEN DIL **TAMPA FL 33626** Zip Code **33626** TAMPA 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 Fiorida. 04-08-02 WILLIAM SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to. 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees

10.	OFFICERS AND DIRECTORS	•	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONCE, FIDEL 1428 CITRUS STREET CLEARWATER FL 33756	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRO, HIGUEL 205 S. Mc DILL AVE- TAMPA, FL 33609	<b>∡</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, LOUIS J 9942 STOCKBRIDGE DRIVE TAMPA FL 33626	<b>™</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERREY, Luis P.O. BOX 26351 TAMPA-FL 33623	<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, NANCY A 9942 STOCKBRIDGE DRIVE TAMPA FL 33626	<b>⊠</b> _Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORES, JEANETT 10501 LACERA DR. TAMPA - FL 33618	Change     Ch	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ULLOA, SADITH 9812 GRETNA GREEN DRIVE TAMPA FL 33626	I <b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ULLDA, WILLIAM 9812 GRETNA GREEN DR. TAMPA-FL 33626	<b>☆</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, JOSE LUIS 114 VALLEY CIRCLE BRANDON FL 33510	D-Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELGADO, VICTOR 917 STRATFORD HANDE DR. BRANDON-FL 3351D	<b>∡</b> Change	☐ Addition
STREET ADDRESS	S BALLESTEROS, CARLOS 4012 47 STREET SARASOTA FL 34235	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 MERA, MERCEDES 4538 W. MINNEHAHA ST TAMOA - FL 33614	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 AND TYPED OR PRINTED NAMEDS SIGNING OFFICER OR DIRECTOR

04-08-02

(813)926-29 26

Daytime Phone #