

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31314

1. Entity Name

THE TAMPA CHILDREN'S BALLET THEATRE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90110 033 ****61.25

Principal Place of Business

Mailing Address

7223 NORTH MANHATTAN AVENUE
TAMPA FL 33614
US

7223 NORTH MANHATTAN AVENUE
TAMPA FL 33614-3701
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2678550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROQUE-CEPERO, MARISELA
14924 ROCKY LEDGE DR
TAMPA FL 33602

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROQUE-CEPERO, MARISELA
STREET ADDRESS 14924 ROCKY LEDGE DR
CITY-ST-ZIP TAMPA FL 33623

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ROQUE, MERCEDES
STREET ADDRESS 9971 STOCK BRIDGE DRIVE
CITY-ST-ZIP TAMPA FL 33626

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROQUE, MARIA
STREET ADDRESS 14924 ROCKY LEDGE DRIVE
CITY-ST-ZIP TAMPA FL 33625

☐ Delete

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CITY-ST-ZIP

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☐ 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:

Marisela Roque-Cepero PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-00 (813) 886-1811

CR2E037 (9/99)