

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46956

1. Entity Name

PUERTO RICO CHAMBER OF COMMERCE GULF COAST OF FL

Principal Place of Business

222 E BULLARD PKWY
TAMPA FL 33617
US

Mailing Address

P.O. BOX 25011
TAMPA FL 33622-5011
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip
33617

Country

Hillborough

Zip

Country

4. FEI Number

59-3102444

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

RAMOS, JOSE S.
222 E BULLARD PKWY
TAMPA FL 33617

Name

José S. Ramos

Street Address (P.O. Box Number is Not Acceptable)

306 E. Bullard Pkwy.

City

Tampa

FL

Zip Code

33617

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

3-15-00

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
CINTRON, ANGEL E
7402 NORTH 56TH ST STE 906
TAMPA FL

☒ Delete

TITLE

VPD
RAMOS, JOSE S
222 E BULLARD PKWY
TAMPA FL 33617

☐ Delete

TITLE

D
MATOS, ERIC E
7402 NORTH 56TH ST STE 906
TAMPA FL

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TITLE

President - Director
Jose Hernandez-Sosa
306 E. Bullard Pkwy.
Tampa, FL 33617

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90145 002 ****70.00

00000100



DO NOT WRITE IN THIS SPACE

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