

4/10.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2001 8:00 am Secretary of State

04-10-2001 90003 006 ****58.75
05-24-2001 90502 045 ****11.25

DOCUMENT # N46956

1. Entity Name

PUERTO RICO CHAMBER OF COMMERCE GULF COAST OF FL

Principal Place of Business

Mailing Address

306 E BULLARD PKWY
TAMPA FL 33617
US

P.O. BOX 25011
TAMPA FL 33622
US

RUU71736



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

59-3102444

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

RAMOS, JOSI S
306 E BULLARD PKWY
TAMPA FL 33617

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 HERNANDEZ-SOSA, JOSE'
STREET ADDRESS 308 E BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE VPD
NAME RAMOS, JOSE S
STREET ADDRESS 222 E BULLARD PKWY
CITY-ST-ZIP TAMPA FL 33617 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE D
NAME MATOS, ERIC E
STREET ADDRESS 7402 NORTH 58TH ST STE 906
CITY-ST-ZIP TAMPA FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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)(l), 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REJECTED RAMOS-VPD - 4/5/2001 (819) 908-7175

CR2037 (10/00)