

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90072 026 ****70.00

DOCUMENT # N46956

1. Entity Name

**PUERTO RICO CHAMBER OF COMMERCE GULF COAST OF FL
 ORIDA, INC.**

Principal Place of Business

**306 E BULLARD PKWY
 TAMPA FL 33617
 US**

Mailing Address

**P.O. BOX 25011
 TAMPA FL 33622
 US**

2. Principal Place of Business

3. Mailing Address

17905 CACHET Isle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

4. FEI Number

59-3102444

Applied For

Not Applicable

Zip

Country

Zip

Country

33647 Hillsborough

5. Certificate of Status Desired

X

**\$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 **JOSI S. RAMOS**

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

17905 CACHET Isle

City **TAMPA**

FL

Zip Code **33647**

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

Jose S. Ramos

4-15-2002

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 HERNANDEZ-SOSA, JOSE' 306 E BULLARD PKWY TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMOS, JOSE S 222 E BULLARD PKWY TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, ERIC E 7402 NORTH 58TH ST STE 906 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, MINERVA F 306 BULLARD PKWY TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP NAVARRO, MIRIAM 306 E BULLARD PKWY TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Jose S. Ramos - VP

4-15-2002 (813) 985-3175

CR2E037 (9/01)