

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90075 006 ****61.25

DOCUMENT # N92000000448

1. Entity Name

SPANIC SERVICES COUNCIL, INC.

Principal Place of Business

Mailing Address

2700 NORTH MCDILL AVENUE
STE 106
TAMPA FL 33607
US2700 NORTH MCDILL AVENUE
STE 106
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3198934

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

PINZON, MARIA F.
2700 NORTH MCDILL AVENUE
STE 106
TAMPA FL 33607

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 \$61.259. 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	VD BERASALUCE, ADA 2700 N MACDILL AVE, #106 TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DIANE 2700 N MACDILL AVE, #106 TAMPA FL 33607	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINZON, EDWARD 2700 N MACDILL AVE, #106 TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITA, MARCIA E 2700 N MACDILL AVE, #106 TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Natalia Cruz 2700 N. MacDill Ave., #106 Tampa, FL 33607	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(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 #

1-22-02 (813) 876-7223

CR2E037 (9/01)