

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90188 011 ****61.25

DOCUMENT # N93000000715

1. Entity Name

LA CASA CUBA DE TAMPA INC.

Principal Place of Business

**2506 W. CURTIS STREET
TAMPA FL 33614
US**

Mailing Address

**P. O. BOX 20042
TAMPA FL 33622-0042
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

59-3186242

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

**RODRIGUEZ, OSCAR
14311 BLACK CYPRESS LN
TAMPA FL 33625**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, OSCAR 14311 BLACK CYPRESS LANE TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CABALLERO, JOSE 5333 9TH ST ST PETERSBURG FL 33712	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARTAYA, HENRY 4423 W CARMEN ST TAMPA FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERRER, HUMBERTO 4415 W CARMEN ST TAMPA FL 33609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REY, PEDRO 7007 WYSZEL HURST CT TAMPA FL 33615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTAYA, MERCEDES 4423 W CARMEN ST TAMPA FL 33609	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, ALFREDO 4505 N. ROME AVE. TAMPA FL 33603	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 REQUIRED

5/2/01

CR2E037 (10/00)