

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001978

1. Entity Name

DOMINICAN PROFESSIONALS AND BUSINESSMEN/WOMEN AS

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90007 015 ****61.25

Principal Place of Business

Mailing Address

3002 WEST PRICE AVENUE
TAMPA FL 33611

3002 WEST PRICE AVENUE
TAMPA FL 33611-3840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3372040

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Ercilia R. Westhoff

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

8009 Jasmine Dr

City

Temple Terrace

FL

Zip Code

33637

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	D	<input type="checkbox"/> Delete
NAME	SOTO, DAMARIS	
STREET ADDRESS	C/O 3002 WEST PRICE AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	S	<input type="checkbox"/> Delete
NAME	WESTHOFF, ERCILIA	
STREET ADDRESS	28616 TALL GRASS DR	
CITY-ST-ZIP	TAMPA FL 33543	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRERA, TRUDY	
STREET ADDRESS	2815 W HORATIO ST, #8	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WESTBROOK-TAVERAS, AMINTA	
STREET ADDRESS	4725 STONEPOINTE PL	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORDERO, IVELISSE	
STREET ADDRESS	3411 DANNY BRYAN BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORDERO, LUIS	
STREET ADDRESS	3411 DANNY BRYAN BLVD	
CITY-ST-ZIP	TAMPA FL 33611	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Westhoff, Ercilia R.	
STREET ADDRESS	8009 Jasmine Dr.	
CITY-ST-ZIP	Temple Terrace, FL 33637	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herrera, Trudy	
STREET ADDRESS	3003 W. Cass Ave.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eusebio Belarmino	
STREET ADDRESS	P.O. Box 152923	
CITY-ST-ZIP	Tampa, FL 33684	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Germosen, Raul	
STREET ADDRESS	918 Winchester Ct.	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Torres, Franklin	
STREET ADDRESS	1202 Londonwood St.	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Ercilia R. Westhoff Pres. 2/10/00 (ER) 98

CR2E037 (9/99)