

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90117 011 ****70.00

DOCUMENT # N96000001978

1. Entity Name

DOMINICAN PROFESSIONALS AND BUSINESSMEN/WOMEN AS

Principal Place of Business

**3002 WEST PRICE AVENUE
TAMPA FL 33611**

Mailing Address

**3002 WEST PRICE AVENUE
TAMPA FL 33611**

2. Principal Place of Business

/ Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3372040**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WESTHOFF, ERCILIA R
8009 JASMINE DR
TEMPLE TERRACE FL 33637**

7. Name and Address of New Registered Agent

Name **CLARIDILIA URENA**
 Street Address (P.O. Box Number is Not Acceptable)
**11420 GEORGETOWN CR
TAMPA FL**
 City **FL** Zip Code **33635**

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.

CLARIDILIA URENA, DIRECTOR

SIGNATURE *Claridilia Urena*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

**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

TITLE **D** ☐ Delete
 NAME **SOTO, DAMARIS**
 STREET ADDRESS **C/O 3002 WEST PRICE AVENUE**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **S** ☐ Delete
 NAME **WESTHOFF, ERCILIA**
 STREET ADDRESS **8009 JASMINE DR**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **T** ☐ Delete
 NAME **HERRERA, TRUDY**
 STREET ADDRESS **3003 W CASS AVE**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
 NAME **CORDERO, IVELISSE**
 STREET ADDRESS **3411 DANNY BRYAN BLVD**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
 NAME **CORDERO, LUIS**
 STREET ADDRESS **3411 DANNY BRYAN BLVD**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **LUIS URENA**
 CITY-ST-ZIP **11420 GEORGETOWN CR.
TAMPA, FL 33635**

TITLE ☐ Change ☒ Addition
 NAME **V-PRES.**
 STREET ADDRESS **FRANKLIN TORRES**
 CITY-ST-ZIP **1605 ELK SPRING DRIVE
BRANDON, FL 33511**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **KAUL GERMOSEN**
 CITY-ST-ZIP **918 WINCHESTER CT
BRANDON, FL 33510**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **LUIS RUIZ**
 CITY-ST-ZIP **303 N. 24TH. ST.
TAMPA, FL 33605**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **LUISA TORRES**
 CITY-ST-ZIP **1605 ELK SPRING DRIVE
BRANDON, FL 33511**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **CLARA URENA**
 CITY-ST-ZIP **11420 GEORGETOWN CR
TAMPA FL 33635**

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: *Claridilia Urena* **CLARIDILIA URENA** **4/25/01** **(813) 925 1965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)