

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003205

1. Entity Name

ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90128 037 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 11137
ST. PETERSBURG FL 33733

POST OFFICE BOX 11137
ST. PETERSBURG FL 33733-1137

000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3543143

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

LAINO, J. OSVALDO
324 S HYDE PARK AVE
SUITE 275
TAMPA FL 33606

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 PD ☐ Delete
NAME LAINO, OSVALDO
STREET ADDRESS 324 S HYDE PARK AVE., #275
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☐ Delete
NAME BUSCO, GISELA
STREET ADDRESS 4141 BAYSHORE BLVD.
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPCD ☐ Delete
NAME HILLAR, RUBEN
STREET ADDRESS 1765 EL TRINIDAD DR. E.
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CARVAJAL, LEONOR
STREET ADDRESS 1006 SANABEL COURT N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JOHNSTONE, DELIA
STREET ADDRESS 3566 FAIRWAY FOREST DRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARTINEZ, HECTOR E
STREET ADDRESS 2946 W. COLUMBUS DRIVE
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ 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)(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:

Ruben H. Hillar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN H. HILLAR

Date

3/30/00

Daytime Phone #

727-725-8097

CR2E037 (9/99)