

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90003 042 ****61.25

DOCUMENT # N96000003205

1. Entity Name

ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.

Principal Place of Business

POST OFFICE BOX 11137
ST. PETERSBURG FL 33733

Mailing Address

POST OFFICE BOX 11137
ST. PETERSBURG FL 33733

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

59-3543143

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

7. Name and Address of New Registered Agent

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

← DELETE

Name SUSANA BALDI, PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)
2164 Citrus Hill Lane

Palm Harbor, FL

City

FL

Zip Code
34682

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

Susana Baldi

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP
NAME Ana Maria Ruiz
STREET ADDRESS 2122 W Hanna Ave
CITY-ST-ZIP Tampa, FL 33604

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE 5
NAME Ana Maria Ruiz
STREET ADDRESS 2122 W Hanna Ave
CITY-ST-ZIP Tampa FL 33604

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

TITLE D
NAME EDUARDO RANES
STREET ADDRESS 841 Eden Isle Blvd.
CITY-ST-ZIP St. Petersburg, FL 33704

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:

Susana Baldi, PRESIDENT

4/11/01

Date

727-781-7896

Daytime Phone #

CR2E037 (10/00)