

2002 UNIFORM BUSINESS REPORT (UBR)

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

BALDI, SUSANA

~~3187 CITRUS HILL LANE~~
~~PALM HARBOR FL 34609~~

5842 RED CEDAR LANE
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 C
NAME LAINO, OSVALDO ☐ Delete
STREET ADDRESS 324 S HYDE PARK AVE., #275
CITY-ST-ZIP TAMPA FL 33606

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

TITLE VP
NAME RUIZ, ANA M ☐ Delete
STREET ADDRESS 2122 W HANNA AVE
CITY-ST-ZIP TAMPA FL 33604

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

TITLE TD
NAME HILLAR, RUBEN ☐ Delete
STREET ADDRESS ~~1785 EL TRINIDAD DR. E.~~
CITY-ST-ZIP ~~CLEARWATER FL 33769~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 540 CARILLON PKWY. #1017
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE D
NAME GALETO, EMMA ☐ Delete
STREET ADDRESS 4518 33 AV N
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE ☒ Change ☐ Addition
NAME CALOTTO, EMMA
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RANEZ, EDUARDO ☐ Delete
STREET ADDRESS 841 EDEN ISLE BLVD
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ☒ Change ☐ Addition
NAME RAHEB, EDUARDO
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 title empowered.

SIGNATURE:

[Signature]

APR. 4, 2002

727-556-0467

CR2E037 (9/01)