

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90163 014 \*\*\*\*70.00

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BALDI, SUSANA  
5842 RED CEDAR LANE  
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name **J. OSVALDO LAINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**324 SO. HYDE PARK AVE #275**  
City **TAMPA FL** Zip Code **33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**1-30-03**

DATE

**FILE NOW: FEE IS \$61.25**

**CHG # 1579**

**8.75  
70.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAINO, OSVALDO</b>	
STREET ADDRESS	<b>324 S HYDE PARK AVE., #275</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUIZ, ANA M</b>	
STREET ADDRESS	<b>2122 W HANNA AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HILLAR, RUBEN</b>	
STREET ADDRESS	<b>540 CARILLON PKWY #1017</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33716</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CALOTTO, EMMA</b>	
STREET ADDRESS	<b>4518 33 AV N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REHEB, EDUARDO</b>	
STREET ADDRESS	<b>841 EDEN ISLE BLVD</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33704</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAINO, OSVALDO</b>	
STREET ADDRESS	<b>324 S. HYDE PARK AVE., #275</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAHEB, EDUARDO</b>	
STREET ADDRESS	<b>841 EDEN ISLE BLVD</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33704</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MENIS, ELIAS</b>	
STREET ADDRESS	<b>7050 SUNSET DRIVE, #605</b>	
CITY-ST-ZIP	<b>S. PASADENA FL 33707</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORA RAHEB</b>	
STREET ADDRESS	<b>841 EDEN ISLE BLVD</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33704</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEONOR CARVAJAL</b>	
STREET ADDRESS	<b>1006 SANABEL COURT N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GISELA BUSCO</b>	
STREET ADDRESS	<b>4141 BAYSHORE BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	

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:

*[Signature]* **REHEB, EDUARDO** **MEMIS-TREASURER**

**2-01-03**

**(727) 343-6239**

CR2E037 (10/02)