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

DOCUMENT # N9600003205

1. Entity Name



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90163 014 ****70.00

## Malifer Address Malifer Address	ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.					02-03-2003 90103	7	0.00	
Suite. Appl. #. otc. City & States City & City	POST OFFICE BOX 11137		POST OFFICE BOX 11137						
Suite. Appl. #. otc. City & States City & City	2. Principal P	Place of Business	3. Mailing Address	<u></u>					
City & State Ci							[0188	FAC CITE TABLE	
Name and Address of Current Registered Agant	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
BALDI, SUSAMA SAVE RED'CEOUR LANE TAMPA FL 33825 8. The above named entity sufficient 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 children of registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children or registered agent, or both, in the State of Florida. I am familiar with, and accept the children of Florida Department of State florida or Florida Department of State florida Department of Sta	City & State		City & State		4. FEI Number	9-3543143	, ,		
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E. The above named critity substitution is accepted to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent agent. SIGNATURE	5842 RED CEDAR LANE			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity sufficiellies 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 signature of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered signature required when remistating. File Now: FEE IS \$61.25	• •	<i>s</i> .		City		F	Zip Code	26	
FILE NÓW: FEE IS \$61.25 CNACLT 1579 TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 LAINO, OSVALDO SIRRET ADDRESS TAMPA FL 33606 TITLE TITLE TITLE TO MAME SIRRET ADDRESS 122 W HANNA AVE TAMPA FL 33604 TITLE TO IT ST-2P TAMPA FL 33604 TITLE TO CONTY-ST-2P TAMPA FL 33704 TO CONTY-ST-2P TAMPA FL	8. The above named entity such this statement for the purebse 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 1-30-03								
Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or printed name of registered agent a	and title irapplicable. (NOTE: R	egistered Agent signatu	e required when reinstating)	DAIE			
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33. I norony control that the intermedian expedient with this filing does not expedit for the assembles stated in Panillan 440 07/09/0 Florida Otalidae 1 feetbases at the otal of the control of the con	NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	D BISELA BUS 4141 BAYSHO TAMPA PL	SE BLUD	☐ Change		

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 other like empowered.

SIGNATURE:

2-01-03