## **2001 UNIFORM BUSINESS REPORT (UBR)**

2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # N9900000767  1. Entity Name  CENTRO DE CULTURA Y TURISMO DE PANAMA INC.				FILED May 10, 2001 8:00 am Secretary of State 05-10-2001 90158 010 ****70.00			
Principal Place of Business  8229 RAVENCROFT DR. TAMPA FL 33615  Change of Address  2. Principal Place of Business  5022 - C. Louis XIV Court Suite, Apt. #, etc.				DO NOT WRITE IN THIS	MIII 8 6111 10 010 MŽ		
City & State TAMPA FLORIDA	City & State TAMPA, FLORID	A	4. FEI Number	59-3485806	- <del></del>	olied For Applicable	]
Zip Country 33614-5825 U.S. A.	Zip (	Country	5. Certificate	of Status Desired	\$8.75 Addit	tional	
6. Name and Address of Current		~ ~ · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New Registered			1
DOMINGUEZ, EUGENIO  8229 RAVENCROFT DR.  CHANGE OF AGORESS		Name DOMINGUEZ, EUGENID  Street Address (P.O. Box Number is Not Acceptable)  5622-C, Louis XIV Court  City					1
TAINII A I E 33013		City	MPA	FL	Zip Code	5825	1
SIGNATURE Muquic Continues Signature, typed or printed name of registered great FILE NOW: FEE IS \$61.25	and tip of applicable. (NOTE: Reginate of the control of the contr		quired when reinstating)  55.00 May Be dided to Fees	Make Check Departmen	Payable to		_
10. OFFICERS AND D	IRECTORS	11.	ADDITIONS/CH/	I ANGES TO OFFICERS AND D	IRECTORS IN	10	┥
TITLE NAME STREET ADDRESS CITY-ST-ZIP DOMINGUEZ, EUGENIO 8229 RAVENCROFT DR TAMPA FL 33615	☐ Delete		∂¢м	INGUEZ, EUGENIO IS XIV COURT RIDA 33614-58	Change	☐ Addition	7 (10/
TITLE SD  NAME RODRIGUEZ, JUAN B  STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CRZEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TAMPA FL 33615	☐ Delete	STREET ADDRESS 3	ATISTA, DEL 102 N. SHEL	KYS J. DON RO # 906 104 33615	4 Change	☐ Addition	
TITLE DOF NAME AGUIRRE, ARGELIO STREET ADDRESS CITY-ST-ZIP 9903 MYRTLE AVE #A TAMPA FL 33617	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE S NAME AGUIRRE, MAGDA M STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lin Continue 440 07(0)		☐ Change	☐ Addition	

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.

GNATURE:

### Statutes | ###

SIGNATURE: