

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90121 045 ****70.00

DOCUMENT # N99000000767

1. Entity Name

CENTRO DE CULTURA Y TURISMO DE PANAMA INC.

Principal Place of Business

Mailing Address

**5606 LOUIS XIV COURT. ST EB
TAMPA FL 33614-5825
US**

**5606 LOUIS XIV COURT. ST EB
TAMPA FL 33614-5825
US**

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

59-3485806

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOMINGUEZ, EUGENIO
5622-C, LOUIS XIV COURT
TAMPA FL 33614-5825**

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 **GD** ☐ Delete
NAME **DOMINGUEZ, EUGENIO**
STREET ADDRESS **5622-C, LOUIS XIV COURT**
CITY-ST-ZIP **TAMPA FL 33614-5825**

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

TITLE **SD** ☐ Delete
NAME **RODRIGUEZ, JUAN B**
STREET ADDRESS **4203 LINE BOUGH AVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **SUB DIRECTOR** ☒ Change ☐ Addition
NAME **RODRIGUEZ JUAN B.**
STREET ADDRESS **9665 FOX HEARST ROAD**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **EA** ☐ Delete
NAME **BATISTA, DELKYS J**
STREET ADDRESS **8102 N. SHELDON RD. #906**
CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE **DOF** ☐ Delete
NAME **AGUIRRE, ARGELIO**
STREET ADDRESS **9903 MYRTLE AVE #A**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE **S** ☐ Delete
NAME **AGUIRRE, MAGDA M**
STREET ADDRESS **9903 MYRTLE AVE #A**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EXECUTIVE DIRECTOR** ☐ Change ☒ Addition
NAME **CLARIBEL DOMINGUEZ**
STREET ADDRESS **5606 LOUIS XIV COURT SUITE B**
CITY-ST-ZIP **TAMPA, FL. 33614**

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:

EUGENIO DOMINGUEZ

APRIL 9, 2002-813-871-

Date Daytime Phone #

2833

CR2E037 (9/01)