

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90146 009 ****61.25

DOCUMENT # N99000002088

1. Entity Name

MADRES 10 DE TAMPA, INC.

Principal Place of Business

**14114 WINSLOW PLACE
TAMPA FL 33624**

Mailing Address

**14114 WINSLOW PLACE
TAMPA FL 33624**

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

59-3564069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CALDERON, MARIA TERESA
14114 WINSLOW PLACE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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

TITLE **DPT** ☐ Delete
NAME **CALDERON, MARIA TERESA**
STREET ADDRESS **1411 WINSLOW PL**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Delete
NAME **SANTA, MELVA**
STREET ADDRESS **10506 PATVIEW OL**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Delete
NAME **ZAMORA, MABEL DE**
STREET ADDRESS **506 C RICHLYND ST**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **SANTANA, MELBA**
STREET ADDRESS **506 C RICHLYND ST**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE ☒ Change ☐ Addition
NAME **ZAMORA, MABEL DE**
STREET ADDRESS **10506 PATVIEW PL**
CITY-ST-ZIP **TAMPA, FL 33624**

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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED MARIA T. CALDERON 2/1/2001 (813) 961-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #