

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 010 ****61.25

DOCUMENT # **N99000002088**

1. Entity Name

MADRES 10 DE TAMPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14114 WINSLOW PL

Suite, Apt. #, etc.

3. Mailing Address

14114 WINSLOW PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

593564069

Applied For

Not Applicable

Zip

33624

Country

Zip

33624

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CALDERON, MARIA TERESA**

Street Address (P.O. Box Number is Not Acceptable)

14114 WINSLOW PL

City

TAMPA

FL

Zip Code

33624

**DO NOT WRITE
IN THIS SPACE**

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

FEES \$35.25

Initials Amended UBR

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 **PRESIDENT**
NAME **CALDERON, MARIA TERESA**
STREET ADDRESS **14114 WINSLOW PL**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **DIRECTOR**
NAME **SANTANA, MELBA**
STREET ADDRESS **506-C. RICHMOND STREET**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **(DIRECTOR)**
NAME **ZAMORA, MABEL DE**
STREET ADDRESS **10506 PATHVIEW PL**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Teresa Calderon, MARIA TERESA CALDERON
4/30/02