

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006012

1. Entity Name

JOSE MARTI FOUNDATION OF TAMPA, INC.

Principal Place of Business

3917 AMERICANA DR.
TAMPA FL 33634

Mailing Address

3917 AMERICANA DR.
TAMPA FL 33634

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROIG, RICARDO A ESQ.
1715 N. WESTSHORE BLVD
SUITE 190
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **ROIG, RICARDO A. ESQ.**
Street Address (P.O. Box Number is not acceptable) **One Tampa City Center**
201 N. Franklin Street - Suite 2700
City **Tampa** FL Zip Code **33602**

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 **D** ☐ Delete
NAME **RODRIGUEZ-VIAMONTE, OTTO M**
STREET ADDRESS **3917 AMERICANA DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, NORMA F**
STREET ADDRESS **3917 AMERICANA DR.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete
NAME **LEON, RENE**
STREET ADDRESS **4311 DUNMORE AVE., APT 1**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **HR** ☐ Delete
NAME **MARTIN-PEREZ, ROBERTO**
STREET ADDRESS **3346 TORREMOLINOS**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **HR** ☐ Delete
NAME **MARQUEZ, MARIA F**
STREET ADDRESS **3422 SKYSAIL PLACE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ ☐ Delete
NAME **NOYA, JUAN F**
STREET ADDRESS **7219 N. AHURAH**
CITY-ST-ZIP **TAMPA FL 33614**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☒ Addition
NAME **OTTO**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ 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 to an address, with all other like empowered.

SIGNATURE:

RODRIGUEZ-VIAMONTE 3/14/01 (813)8840978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90050 026 ****66.25

00028875



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)