

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P00000000037

1. Entity Name

WARWICK ENTERPRISE CORPORATION

Principal Place of Business

11003 ASHBOURNE CIRCLE  
TAMPA FL 33624-5201

Mailing Address

11003 ASHBOURNE CIRCLE  
TAMPA FL 33624-5201

2. Principal Place of Business

11003 ASHBOURNE CIR

3. Mailing Address

11003 ASHBOURNE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

TAMPA, FL

Zip

33624

Country

USA

Zip

33624

Country

USA

6. Name and Address of Current Registered Agent

DA COSTA, WERNER JOSE R  
11003 ASHBOURNE CIRCLE  
TAMPA FL 33624-5201

7. Name and Address of New Registered Agent

Name

same

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.

Werner Jose R. Da Costa

DATE

4-10-2000.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT  
Werner Jose R. DA COSTA  
11003 ASHBOURNE CIR.  
Tampa, FL 33624

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

vice-President  
Rosana M. Costa  
11003 ASHBOURNE CIR  
Tampa, FL 33624

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 (813)963-1708



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)