

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 044 ***150.00

DOCUMENT # P00000031519
1. Entity Name Cortes Processing Company

Principal Place of Business Mailing Address *same*
 4040 W. Waters Ave
 # 1800
 Tampa, FL 33614-1974

659357

2. Principal Place of Business **3. Mailing Address**
 3911 W. Waters Ave 3911 W. Waters Ave
 Suite, Apt. #, etc 9 Suite, Apt. #, etc 9

DO NOT WRITE IN THIS SPACE

City & State Tampa, FL **City & State** Tampa, FL
Zip 33614-1950 **Country** USA **Zip** 33614 **Country** USA

4. FEI Number 59-3634499 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Spiegel & Uthara, P.A.
 343 Almeria Ave
 Coral Gables, FL
 33134

7. Name and Address of New Registered Agent
Name Martha M. Lasserre
Street Address (P.O. Box Number is Not Acceptable) 3911 W. Waters Ave #9
City Tampa **FL** **Zip Code** 33614-1950

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 Martha M. Lasserre **DATE** 4/30/01
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VSD	Daniel Lucero M.	4040 W. Waters Ave # 1800	Tampa, FL 33614-1974	<input type="checkbox"/>
PD	Martha M. Lasserre	4040 W. Waters Ave # 1800	Tampa, FL 33614-1974	<input type="checkbox"/>
T	Rafaela Lasserre	4040 W. Waters Ave # 1800	Tampa, FL 33614-1974	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VSD	Daniel Lucero M.	3911 W. Waters Ave Suite 9	Tampa, FL 33614-1950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Martha M. Lasserre	3911 W. Waters Ave Suite 9	Tampa, FL 33614-1950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Rafaela Lasserre	3911 W. Waters Ave Suite 9	Tampa, FL 33614-1950	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Martha M. Lasserre **DATE:** 4/30/01 **PHONE:** 813 243-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)