

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90116 016 \*\*\*150.00

DOCUMENT # *P00000034860*

1. Entity Name

*FAMILY ENTERPRISES of Tampa Inc.*



**DO NOT WRITE IN THIS SPACE**

**90135236**

2. Principal Place of Business

*3210 W. COLUMBUS DR.*  
Suite, Apt. #, etc.

3. Mailing Address

*3210 W. COLUMBUS DR.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Tampa Florida*

City & State

*Tampa Florida*

4. FEI Number

*59-3636374*

Applied For

Not Applicable

Zip

*33607*

Country

Zip

*33607*

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*JOSE ROSAS*

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

*5009 PARK HILL PLACE*

City

*Tampa*

FL

Zip Code

*33624*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

*5-1-03*

DATE

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>JOSE ROSAS</i>
STREET ADDRESS	<i>5009 PARK HILL PL.</i>
CITY-ST-ZIP	<i>Tampa FL. 33624</i>
TITLE	<i>VICE PRESIDENT</i>
NAME	<i>ANGEL ROSAS</i>
STREET ADDRESS	<i>8333 EHREN CUTOFF</i>
CITY-ST-ZIP	<i>LAND-O-LAKES FL. 34639</i>
TITLE	<i>SECRETARY</i>
NAME	<i>IVA HOOKS</i>
STREET ADDRESS	<i>12308 FORREST LN. DR</i>
CITY-ST-ZIP	<i>Tampa FL. 33624</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-03*

DATE

*813-244-4847*

Daytime Phone #

CR2E034B (12/02)