

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2

DOCUMENT # P00000064437

1. Entity Name

Island Enterprises of Tampa, Inc.

FILED

02 DEC 23 PM 12:19

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

7000009633257

12/23/02--01042--006 **150.00

2. Principal Place of Business

4315 Deermont Circle

3. Mailing Address

4315 Deermont Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

02

City & State

Tampa, FL.

City & State

Tampa, FL.

4. FEI Number

59-3650197

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Victor J. Cruz

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

4315 Deermont Circle

City

Tampa

FL

Zip Code

33624

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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

Victor J. Cruz

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

(NOTE: Registered Agent signature required when reinstating)

12/18/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Victor J. Cruz 4315 Deermont Circle Tampa, FL. 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Maria E. Cruz 4315 Deermont Circle Tampa, FL. 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Victor J. Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/02

DATE

(813) 956-2743

Daytime Phone #

CR2E034B (12/01)

pg 2052

December 4, 2002

Florida Department of State
Division of Corporations

Gentlemen,

I am writing to request that Island Enterprises of Tampa, Inc. be reinstated. There are special circumstances that kept me from filing the requested documents in time.

This has been a very difficult year for me personally. My mother was in and out of hospitals for most of the year and this kept me travelling to and from Puerto Rico. She eventually passed away on October 4 of this year at which time I spent a considerable amount of time keeping my father company.

I probably received correspondence from you but I am a one-man operation and I don't have a secretary to help me organize my office. I really don't recall seeing your letters and would appreciate it if you would help me get back on my feet.

I tried to resolve this before and have been so distracted with my loss that I forgot to send a check.

Enclosed is a check for \$150.00. The reference # on your letter is P00000064437.

Thank you for your attention.

Sincerely,



Víctor J. Cruz

PS. Enclosed is a copy of my mother's death certificate.