

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90172 017 ***150.00

DOCUMENT # P00000066532

1. Entity Name
 Celpa Alternative Center, Inc.

Principal Place of Business
 Celpa Alternative Center, Inc.
 2702 W. Tampa Bay Blvd
 Tampa, Florida 33607

Mailing Address

2. Principal Place of Business
 2702 W. Tampa Bay Blvd
 Suite, Apt. #, etc.

3. Mailing Address

2702 W. Tampa Bay Blvd
 Suite, Apt. #, etc.

City & State
 Tampa, Florida
 Zip 33607 Country USA

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 Tampa, Florida
 Zip 33607 Country USA

4. FEI Number
 593-65-8071

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

00057241

6. Name and Address of Current Registered Agent

Luis O. Celpa, AP
 Claudia P. Celpa, A.P.
 6809 Bluffs Blvd
 Tampa, Fla 33617

7. Name and Address of New Registered Agent

Name
 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 President ☐ Delete
 NAME Luis O. Celpa, A.P.
 STREET ADDRESS 2702 W. Tampa Bay Blvd
 CITY-ST-ZIP Tampa, Florida 33607

TITLE Vice President / Secretary ☐ Delete
 NAME Claudia P. Celpa, A.P.
 STREET ADDRESS 2702 W. Tampa Bay Blvd
 CITY-ST-ZIP Tampa, Fla 33607

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Luis O. Celpa A.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis O. Celpa

04/18/2001 (813) 875-4444

Date

Daytime Phone #

CR2E034 (11/00)