

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

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90259 034 \*\*\*150.00

DOCUMENT # *P0000072162*

1. Entity Name

*Multicultural Resource Center, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2605 S. Parsons Ave.*

3. Mailing Address

*2605 S. Parsons Ave.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Seffner, FL*

City & State

*Seffner, FL*

4. FEI Number

*22-3750006*

Applied For

Not Applicable

Zip

*33584*

Country

*Hillsborough*

Zip

*33584*

Country

*Hillsborough*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Kasan, Richard R. Esq.*

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

*112 W. Windhorst Rd.*

City

*Brandon*

**FL**

Zip Code

*33510*

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

T. Gonzalez, Gabriel A.  
1031 Harvest Moon Dr.  
Seffner, FL 33584

D. Gonzalez, Carmen  
2605 S. Parsons Ave.  
Seffner, FL 33584

T. Gonzalez, Lester  
12203 Colonial Estates Lane  
Riverview, FL 33569

T. Gonzalez, Yezenia  
1031 Harvest Moon Drive  
Seffner, FL 33584

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*James G. Gandy - Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/04* *(813) 685-0108*  
Date Daytime Phone #

CR2E034B (12/02)