

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90316 020 ***158.75

DOCUMENT # P01000056146

1. Entity Name
MAYO INVESTORS OF TAMPA, INC.

Principal Place of Business

**6515 N ARMENIA AVE
TAMPA FL 33604**

Mailing Address

**6515 N ARMENIA AVE
TAMPA FL 33604**

2. Principal Place of Business

4001 N. ARMENIA AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33607

Country

Zip

Country

4. FEI Number

59-3723073

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, CARITA M
1435 W BUSH BLVD STE A
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name **HERNANDO ECHEVERRI**

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

5814 TAYWOOD DR.

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.

SIGNATURE

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

HERNANDO ECHEVERRI / PRESIDENT

DATE

04/24/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDO ECHEVERRI	
STREET ADDRESS	5814 TAYWOOD DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOSE V. SUAREZHoyos	
STREET ADDRESS	6515 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	T-S	<input type="checkbox"/> Delete
NAME	ANA M. ECHEVERRI	
STREET ADDRESS	5814 TAYWOOD DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOLANDA S. ECHEVERRI	
STREET ADDRESS	5814 TAYWOOD DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIA H. ISAZA-SUAREZ	
STREET ADDRESS	6515 N. ARMENIA AVE.	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERNANDO ECHEVERRI

Date

Daytime Phone #

04/24/02 (813) 932-0874

CR2E034 (9/01)