2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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P01000120995

1. Entity Name

TAMPA CARLE INC.



FILED Apr 28, 2003 8:00 am & Secretary of State

IAMIFA	ABLE INC.			NE TO						
Principal Place of Business 2802 NORTHPOINTE LANE TAMPA FL 33611		Mailing Address 2802 NORTHPOINTE LANE TAMPA FL 33611				v	٠, ،			
2. Principal Place of Business		3. Mailing Address) (1841/18) 1 711 18/10 1 21 8 71 40 1/1 06 /	II OBIAC IIEI	O (COCI OCKIO II	INCE IEION DICH INDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKIN	IG CHANG	ES		
City & State		City & State			4 . F	80-0002487			Applied For Not Applicable	le
Zip	Country	Zip		Country	5. 0	Certificate of Status Desired		\$8.75 Fee Requ	Additional	
•	6. Name and Address of Current	Registered A	Agent	7.7	7. N	lame and Address of New R	ègistere	d Agent		7
				Name						7
QUINTANA, KC				Street Address	s (P.O. Bo	ox Number is Not Acceptable)	_		\dashv
2802 NOF	RTHPOINTE LANE	1								_
tampa fi	L 33611									
				City			F	Zip C	ode	7
9 The above	named entity submits this statement for	r the number	of changing its root	istored offine or regist	torod oo	ant or both in the State of Ele			th and accor	
	tions of registered agent.	i ile holhose	or chariging its regi	istered office of regist	tereu aye	and, or poun, in the state of his	Hua. Tai	ii iasiiiiai wi	in, and accept	'
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicab	ele. (NOTE: Reg	gistered Agent signature requir	red when rei	instating)	DATE			
	THE NOWIN SEE IC 6450.00		- 		-					\dashv
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					Election Campaign Fin	_		.00 May Be	
	k Payable to Florida Department o	f State				Trust Fund Contribution	٦.	☐ Ad	ded to Fees	} .
10.	OFFICERS AND	DIRECTORS		11.	I ADI	DITIONS/CHANGES TO OFFI	CERS AN	ND DIRECTO	ORS IN 11	
TITLE	P		Delete	TITLE				[] Chang		김영
NAME	QUINTANA, CLAUDIA I			NAME						9
STREET ADDRESS	2802 NORTHPOINTE LANE	1		STREET ADDRESS						8
CITY-ST-ZIP	TAMPA FL 33611	<u> </u>		CITY-ST-ZIP						CR2E034 (10/02)
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NAME	QUINTANA, KC			NAME						
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CITY-ST-ZIP				CITY-ST-ZIP						

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MEMOTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #