

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018796

1. Entity Name

IF AND ONLY IF, INC.

Principal Place of Business

4336 4TH STREET N
ST PETERSBURG FL 33703
US

Mailing Address

4336 4TH STREET N
ST PETERSBURG FL 33703-4727
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VIDAL, TERESA L
4336 4TH STREET NORTH
ST PETERSBURG FL 33702

Correction

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33703

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

Teresa Vidal

(NOTE: Registered Agent signature required when reinstating)

2-12-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	VIDAL, JORGE A	
STREET ADDRESS	4336 4TH STREET N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAL, TERESA L	
STREET ADDRESS	4336 4TH STREET N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<i>Correct</i>
STREET ADDRESS	(ZIP)	33703
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<i>Correct</i>
STREET ADDRESS	(ZIP)	33703
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Vidal

Date

Daytime Phone #

2-12-00

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90062 019 ***150.00

915482



DO NOT WRITE IN THIS SPACE

CE2EN34 0/000