

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086369

1. Entity Name

US-PRESS, INC.

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

05-22-2000 90012 043 ***150.00

Principal Place of Business

Mailing Address

3610 DANA SHORES DRIVE
SUITE 101
TAMPA FL 33634

PO BOX 26533
TAMPA FL 33623-6533

2. Principal Place of Business

5700 Memorial Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

TAMPA FL

4. FEI Number

59-3226680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARDO, MONICA
3610 DANA SHORES DR., SUITE 101
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

MONICA PARDO

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

5700 MEMORIAL Hwy Suite 205

City

TAMPA FL

FL

Zip Code

33615

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

Monica Pardo

MONICA PARDO / Director

4/28/00

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, 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 ☐ Delete
NAME PARDO, MONICA
STREET ADDRESS 3610 DANO SHORES DR
CITY-ST-ZIP TAMPA FL

TITLE P ☐ Delete
NAME PARDO, PATRICIA
STREET ADDRESS 3610 DANA SHORES DR
CITY-ST-ZIP TAMPA FL

TITLE VF ☒ Delete
NAME PEREZ, CRISTINO L
STREET ADDRESS 1109 W WATERS AVE STE A
CITY-ST-ZIP TAMPA FL 33604

TITLE VO ☐ Delete
NAME PARDO, VENANCIO
STREET ADDRESS 3610 DANA SHORES DR
CITY-ST-ZIP TAMPA FL

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
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Monica Pardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

813-290-0113

Daytime Phone #

CR2E034 19/99