

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015844

1. Entity Name

TAMPICO RETIREMENT CENTER, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90029 031 \*\*\*150.00

Principal Place of Business:

100 BASE AVENUE EAST  
VENICE FL 34285

Mailing Address

429 PARKLANE DRIVE  
VENICE FL 34285-1424  
US

2. Principal Place of Business

3. Mailing Address

9595 North Kendall Dr.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

Miami, Florida

Zip

Country

33176

Country

US

4. FEI Number

59-3229411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

SCHILD, JOHANNES  
100 BASE AVENUE EAST  
VENICE FL 34285

## 7. Name and Address of New Registered Agent

Name Celia Guillen

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

100 East Base Avenue

City

Venice

FL

34285

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

(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	SCHILD, JOHANNES	
STREET ADDRESS	100 BASE AVENUE EAST	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	Delete
NAME	SCHILD, SUZANNE H	
STREET ADDRESS	100 BASE AVENUE EAST	
CITY-ST-ZIP	VENICE FL 34285	
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	D	Change	Addition
NAME	Celia Guillen		
STREET ADDRESS	100 East Base Avenue		
CITY-ST-ZIP	Venice, FL 34285		
TITLE	D	Change	Addition
NAME	Terry Mughar		
STREET ADDRESS	100 East Base Avenue		
CITY-ST-ZIP	Venice, FL 34285		
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

CELIA GUILLEN

4-11-00

Date

(305) 274-7467

Daytime Phone #

CR2E034 (9/99)