

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90174 032 ***150.00

DOCUMENT #

Sandra's Taste of Tampa
14315 Brentwood Dr.
Tampa, FL
33618

P9400007773

1. Entity Name

Principal Place of Business

Mailing Address

6725 N. Armenia
Tampa, FL
33604

Sandra's Taste of Tampa
14315 Brentwood Dr.
Tampa, FL
33618

C0057369

2. Principal Place of Business

3. Mailing Address

6725 N. ARMENIA

14315 BRENTWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number

Applied For

59-327-60-84

Not Applicable

Zip

Country

Zip

Country

33604 Hills

33618 Hills

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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	PRESIDENT & VICE PRES	<input type="checkbox"/> Delete
NAME	YVETTE GONZALEZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC. V. TREASURER	<input type="checkbox"/> Delete
NAME	SANDRA GARCIGA	
STREET ADDRESS	14315 BRENTWOOD DR	
CITY-ST-ZIP	TAMPA, FL 33618	

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		
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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

April 19, 2001 (813) 968-3459

Date

Daytime Phone #

CR2E034 (11/00)