

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0455293
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DOCUMENT # P95000097773

1. Entity Name
DJT #340, INC.



FILED

03 JAN 16 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3815 NORTH ARMENIA AVENUE
TAMPA FL 33607

Mailing Address
3815 NORTH ARMENIA AVENUE
TAMPA FL 33607

2. Principal Place of Business
3214 W. CYPRESS ST
Suite, Apt. #, etc.

3. Mailing Address
3214 W. CYPRESS ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL
Zip
33607
Country
USA

City & State
TAMPA, FL
Zip
33607
Country
USA

4. FEI Number 59-3349891

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLR.
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTACRUZ, JOSE I	
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTACRUZ, THELDRA F	
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTACRUZ, DAVID J	
STREET ADDRESS	3815 NORTH ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANTA CRUZ, JOSE A	
STREET ADDRESS	3815 N. ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	500012330015	
CITY-ST-ZIP	02/12/03--01013--018 **158.75	
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		

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: JOSE I. SANTACRUZ DATE: 8/13-8/22-9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)