

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
 06-04-2001 90003 040 ***558.75

0520693

DOCUMENT # P96000075420

1. Entity Name

WESTSHORE HOLDINGS INC.

Principal Place of Business

**5045 W CYPRESS ST
 TAMPA FL 33607
 US**

Mailing Address

**PO BOX 24282
 TAMPA FL 33622
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CISNEROS, FRANK G
 500 N WESTSHORE BLVD
 SUITE 405
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **Cisneros FRANK G**

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

5045 W Cypress St

City **Tampa**

FL

Zip **33607**

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.

(NOT Registered Agent's 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

TITLE **DP** ☐ Delete
 NAME **CISNEROS, FRANK**
 STREET ADDRESS **500 N WESTSHORE BLVD STE 405**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VP** ☐ Delete
 NAME **PEREZ, HENRY**
 STREET ADDRESS **500 N WESTSHORE BLVD SUITE 405**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **V** ☐ Delete
 NAME **CISNEROS, FRANK G JR**
 STREET ADDRESS **112 S WOODLYN AVE**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **5045 W Cypress St**
 CITY-ST-ZIP **Tampa FL 33607**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5045 W Cypress St**
 CITY-ST-ZIP **Tampa FL 33607**

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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Henry Perez V.P.

5-30-01 (813) 286-2503

CR2E034 (10/00)