

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027069

1. Entity Name  
CUBANACAN OF TAMPA BAY, INC.

FILED

01 MAR -7 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5701 N. HABANA AVE  
TAMPA FL 33614  
8703 McAdam PL  
TAMPA FL 33634

Mailing Address  
5701 N. HABANA AVE  
TAMPA FL 33614  
8703 McAdam PL.  
TAMPA FL 33634

2. Principal Place of Business  
8218 Hawley Rd

3. Mailing Address  
8218 Hawley Rd.

Suite, Apt. #, etc.  
1

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33634

Country  
Hills

Zip  
33634

Country  
Hills

REINSTATEMENT 00-01

4. FEI Number 59-3435904  
Applied For  
Not Applicable

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

PRADO, ESTEBAN  
5701 N. HABANA AVE  
TAMPA FL 33614

Name ELADIO SEJO  
Street Address (P.O. Box Number is Not Acceptable)  
8703 McAdams Pl

City TAMPA FL Zip Code 33634

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 ESTEBAN PRADO E. Prado 1/5/01  
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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PRADO, ESTEBAN  
NAME  
STREET ADDRESS 5701 N. HABANA AVE  
CITY-ST-ZIP TAMPA FL 33614  
Delete only New-

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE SEJO, ELADIO  
NAME  
STREET ADDRESS 5701 N. HABANA AVE  
CITY-ST-ZIP TAMPA FL 33614  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
300003911729  
-03/27/01-01044-007  
\*\*\*\*300.00 \*\*\*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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 ELADIO SEJO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/01  
09/25/00 (413) 888 8988  
Date Daytime Phone #

CR2E034 (5/00)