

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058700

1. Entity Name  
GLORIAS ALF OF TAMPA, INC.

Principal Place of Business

3213 W. CASS ST.  
TAMPA FL 33609

Mailing Address

3213 W. CASS ST.  
TAMPA FL 33609

2. Principal Place of Business

3213 W. Cass St.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15089  
Suite, Apt. #, etc.

City & State

Tampa, Florida 33609

City & State

Tampa, Fl. 33684-5089

4. FEI Number

59-3189281

Applied For

Not Applicable

Zip

Country

Zip

Country

33609 Hillsborough 33684-5089 Hillsborough

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEVARA, GLORIA M  
3213 W. CASS ST.  
TAMPA FL 33609

Name

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

City

FL

Zip Code

9. 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 re-insured)

DATE

8. 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 12, 2001 Fee 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUEVARA, GLORIA M	
STREET ADDRESS	3213 W. CASS ST.	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	MENDOZA, PAUL V	
STREET ADDRESS	3213 W. CASS ST.	
CITY - ST - ZIP	TAMPA FL 33609	
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		<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		
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 RECORDED - Mendoza

09/09/01

813-879-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
01 NOV -5 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E004 (5/01)