

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91108 002 ***150.00

DOCUMENT # P97000060258

1. Entity Name

STELLA'S OF ST. PETERSBURG, INC.

Principal Place of Business

2900 4TH ST N
 B-101
 ST PETERSBURG FL 33704

Mailing Address

2900 4TH ST N
 B-101
 ST PETERSBURG FL 33704

80045611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3770 16th Street N

Suite, Apt. #, etc.

3. Mailing Address

3770 16th Street N

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg, FL

4. FEI Number

59-3463701

Applied For

Not Applicable

Zip

33704

Country

Pinellas

Zip

33704

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAZARO, MARIA
 2900 4TH STREET NORTH
 SUITE B-101
 ST PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name **Lazaro, Maria**
 Street Address (P.O. Box Number is Not Acceptable)
3770 16th Street N
St. Petersburg FL 33704

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAZARO, MARIA	
STREET ADDRESS	2900 4TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUITRAGO, STELLA	
STREET ADDRESS	2900 4TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3770 16th Street N	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3770 16th Street N	
CITY-ST-ZIP	St. Petersburg, FL 33704	
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:

Maria Lazaro Maria Lazaro

1/9/01 727-525-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)