

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093220

1. Entity Name

RETURN TO YBOR, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90005 022 ***150.00

Principal Place of Business

Mailing Address

2708 W WOODLAWN AVE
TAMPA FL 33607

2708 W WOODLAWN AVE
TAMPA FL 33607-6823

2. Principal Place of Business

2918 W. Lake Ave.

3. Mailing Address

2918 W. Lake Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33606

City & State

Tampa, FL 33606

4. FEI Number

59-3477057

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABALLERO, EDDIE
2708 W WOODLAWN AVE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Michael Sierra

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

703 W. Swann Ave.

City

Tampa

FL

Zip Code

33606

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 date applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/2000

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, 2000 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 PSTD ☒ Delete
NAME CABALLERO, EDDIE
STREET ADDRESS 2708 W WOODLAWN AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P/D ☒ Change ☐ Addition
NAME MIRANDA, CHARLES
STREET ADDRESS 2918 W. Lake Ave.
CITY-ST-ZIP Tampa, FL 33607

TITLE STD ☐ Change ☒ Addition
NAME MIRANDA, SHIRLEY
STREET ADDRESS 2918 W. Lake Ave
CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

Charles Miranda, Pres.

813/872-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)