

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080104

1. Entity Name

CARDONA ENTERPRISES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90042 026 ***150.00

Principal Place of Business

Mailing Address

7909 N. ROME AVENUE
TAMPA FL 33604-3818

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TAMPA FL 33604-3818

2. Principal Place of Business

5004 N. ARMENIA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ave Suite 223

City & State

TAMPA FL

4. FEI Number

54-3616731

Applied For

Not Applicable

Zip

Country

Zip

Country

33603

Hillsborough

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

CARDENAS, RALPH
808 EAST IDA STREET
TAMPA FL 33603

Name

MARIANO CARDONA

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

7909 N. ROME AVE

City

TAMPA

FL

Zip Code

33604

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

Mariano O. Cordona

04-07-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MARIANO CARDONA
7909 N. ROME AVE
TAMPA FL 33604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MARIANO CARDONA
Mariano O. Cordona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2000

Date

813-8764861

Daytime Phone #

CR2E034 (9/99)