

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106865

1. Entity Name

AGENCIA 12 Y 23, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90112 039 ***150.00

Principal Place of Business

Mailing Address

4625 N. LOIS AVENUE
TAMPA FL

4625 N. LOIS AVENUE
TAMPA FL

2. Principal Place of Business

4625 north Lois ave

3. Mailing Address

4625 north Lois ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fl.

City & State

Tampa, Fl.

4. FEI Number

59-3613145

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ROBERTO J
4625 N. LOIS AVENUE
TAMPA FL

7. Name and Address of New Registered Agent

Name

Jose E. Mendoza

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

4513 west Jean st

City Tampa

FL

33614

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 Jose E. Mendoza

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME Jose E. Mendoza
STREET ADDRESS 4513 west Jean st
CITY-ST-ZIP Tampa, Fl 33614

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 C ☐ Change ☐ Addition
NAME Roberto Lopez
STREET ADDRESS 4513 w. Jean st
CITY-ST-ZIP Tampa, Fl 33614

TITLE P ☐ Change ☒ Addition
NAME Olga C. Lopez
STREET ADDRESS 4513 w. Jean st
CITY-ST-ZIP Tampa, Fl 33614

TITLE VP/T ☐ Change ☐ Addition
NAME Roberto J. Lopez
STREET ADDRESS 6623 N. Hubert ave
CITY-ST-ZIP Tampa, Fl 33614

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 667, 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: Roberto Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/00

Date

(813) 414-9510

Daytime Phone #

CR2E034 (9/99)