

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32587

1. Entity Name

5041 CYPRESS PROPERTY, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90237 014 \*\*\*158.75

Principal Place of Business

Mailing Address

500 N. WESTSHORE BLVD  
STE 405  
TAMPA FL 33607

P.O. BOX 24282  
TAMPA FL 33623-4282

2. Principal Place of Business

5045 Cypress St.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24282  
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3159329

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33622

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CISNEROS, FRANK G.  
500 N WESTSHORE BLVD  
STE 405  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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  
NAME  
DPS  
CISNEROS, FRANK G.  
STREET ADDRESS  
500 N WESTSHORE BLVD SUITE 405  
CITY-ST-ZIP  
TAMPA FL 33607

☐ Delete

TITLE  
NAME  
VP  
HENRY PEREZ  
STREET ADDRESS  
5041 W CYPRESS ST  
CITY-ST-ZIP  
TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)