

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # V32587**

1. Entity Name

**5041 CYPRESS PROPERTY, INC.**

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.*

3. Mailing Address

*P.O. Box 24282*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*TAMPA FL*

City & State

*TAMPA FL*

4. FEI Number

**59-3159329**

Applied For

Not Applicable

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
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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: *Henry Perez* **Henry Perez** **VICE President** **4/26/00** **(813) 286 0112**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)