

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003691

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: DELTONA HISPANIC PARADE, INC.

Current Principal Place of Business:

1551 ARDEN WOOD LANE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1551 ARDEN WOOD LANE
DELTONA, FL 32738

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ALBA I
1551 ARDEN WOOD LANE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PEREZ, JOSE A
Address: 1551 ARDEN WOOD LANE
City-St-Zip: DELTONA, FL 32738

Title: VD () Delete
Name: HORN, TAMMY
Address: 2042 SWANSON DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TD () Delete
Name: FONTAINE, DAVID
Address: 2700 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

Title: SD () Delete
Name: HORN, TAMMY
Address: 2042 SWANSON DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: PEREZ, ALBA I
Address: 1551 ARDENWOOD LANE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: SANTIAGO, DAVID
Address: 1631 EUSTACE AVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. PEREZ

CD

04/25/2002

Electronic Signature of Signing Officer or Director

Date