

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-08-2007 90005 010 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005766

1. Entity Name
HISPANIC BUSINESS INITIATIVE FUND OF SOUTH
FLORIDA, INC.



Principal Place of Business
1101 CHANNELSIDE DR
238
TAMPA, FL 33602

Mailing Address
1101 CHANNELSIDE DR
238
TAMPA, FL 33602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
86-1068686

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ, GILBERTO
BANK OF AMERICA PLAZA
101 E KENNEDY BLVD 3170
TAMPA, FL 33602

Name SANCHEZ, GILBERTO
Street Address (P.O. Box Number is Not Acceptable)
114 S. FREMONT AVE
City TAMPA FL 33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GILBERTO Sanchez, Secretary 3/1/07

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	☒ Delete
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	1101 CHANNELSIDE DR STE 238	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	☐ Delete
NAME	COHN, VANESSA	
STREET ADDRESS	705 W. AZEELE STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	☒ Delete
NAME	GONZALEZ, LINDA	
STREET ADDRESS	5600 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	S	☐ Delete
NAME	SANCHEZ, GILBERTO	
STREET ADDRESS	1101 CHANNELSIDE DR STE 238	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VC	☐ Delete
NAME	LOPEZ, MARK	
STREET ADDRESS	1101 CHANNELSIDE DR STE 238	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	T	☒ Delete
NAME	MCCALL, MERCEDES	
STREET ADDRESS	1101 CHANNELSIDE DR STE 238	
CITY-ST-ZIP	TAMPA, FL 33602	

TITLE	VC	☐ Change ☒ Addition
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	1101 CHANNELSIDE DR. #238	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	☒ Change ☐ Addition
NAME	COHN, VANESSA	
STREET ADDRESS	302 KNIGHTS RUN AVE. STE. 1100	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	☐ Change ☒ Addition
NAME	BRANDT, CHAD M.	
STREET ADDRESS	5555 E. MICHIGAN ST. STE. 100	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	DS	☒ Change ☐ Addition
NAME	SANCHEZ, GILBERTO	
STREET ADDRESS	114 S. FREMONT AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	C	☒ Change ☐ Addition
NAME	LOPEZ, MARK A.	
STREET ADDRESS	612 SO. DALE MABRY HWY.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	DT	☐ Change ☒ Addition
NAME	PALACIOS, KIRSTEN	
STREET ADDRESS	315 E. ROBINSON ST. STE. 190	
CITY-ST-ZIP	ORLANDO, FL 32801	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERTO Sanchez 3/1/07 813 864-3600

Date

Daytime Phone #