2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90182 003 ****61.25

DOCUMENT # N35011

1. Entity Name

SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE,

Principal Place of Business	Mailing Address
10051 MC GREGOR BLVD STE 201 FORT MYERS FL 33919	10051 MC GREGOR BLVD STE 201 FORT MYERS FL 33919-1031

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0154409 — Applied For / Not Applied For

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
SUAREZ, JULIE G 1714 CAPE COML PKY E. CAPE CORAL FL 33904	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TRD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DA FROTA, ROBERT	NAME	
STREET ADDRESS	7204 SWAN LAKE DR	STREET ADDRESS	
CITY-ST-ZIP	FT MY	CITY-ST-ZIP	
TITLE	PT ☒ Delete	TITLE	PT ☐ Change ☒ Addition
NAME	SUAREZ, JULIO G	NAME	PACHECO, JOSEPH
STREET ADDRESS	1735 BRANTLEY RD STE 121.1	STREET ADDRESS	1215 KITTIWAKE CIRCLE
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VILLALOBOS, MICHAEL P	NAME	
STREET ADDRESS	1819 RHONDA ST	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	TULP, TIM	NAME	WELCH, DARLENE
STREET ADDRESS	124 SE. 37 ST	STREET ADDRESS	1824 SE 8TH STREET
CITY-ST-ZIP	CAPE CORAL FL 33904	CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	TD ☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	FATIMA, MUSTAFA	NAME	ARMANDO CASANOVA
STREET ADDRESS	11934 FAIRWAY LAKES DR	STREET ADDRESS	937 CREIGHTON DR.
CITY-ST-ZIP	FT MYERS FL 33913	CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TORRES, NANCY	NAME	
STREET ADDRESS	1719 SE. 12 TERR	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Arthur TRD 01/21/2000 (941)479-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #