FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 06, 2001 8:00 am Secretary of State DOCUMENT # Southwest Florida Hispanic 07-31-2001 90227 004 \*\*\*\*61.25 Chamber of Commerce Mailing Address 10051 Mc Gregor Blud. Suite 201 10051 McGregor Blud. Suite 201 12097 Fort Myers, FL 33919 Fort Myers, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0154409 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Pare nardo Garcia Street Address (P.O. Box Number is Not Acceptable) 13222 Greywood Circle 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PID ■ Addition TITLE ☐ Delete TITLE P. Michael Villalobos NAME NAME 1819 Rhonda St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33901 ☐ Change ★ Addition ☐ Delete TITLE TITI F Kimberly Hoschar P.O. Box 60412 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Fort Myers, FL 33906 CiTY-ST-7IP Change **Addition** TITLE ☐ Delete TITLE Jorge Arencibia NAME NAME 2204 Gladida Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lehigh Acres, Ft 33972 Change Addition TITL F TITLE ☐ Delete Lucy Quiñones NAME NAME 4040 Del Prado Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cape Coral FL 33904 CITY-ST-ZIP **Addition** ☐ Delete TITLE ☐ Change TITLE Roxann Luttana NAME NAME 911 agua Lane STREET ADDRESS STREET ADDRESS Fort Myers, FL 33919 CITY-ST-ZIP ☐ Delete TITLE VID ☐ Change Addition TITLE John Parrilla NAME NAME

12. Thereby certify that the information supplied with this filling 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 receive) 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1406 SE 1 ST.

Cape Coral, FL 33990

8-21-01

ATTACHMENT 12097

## 2001 UNIFORM BUSINESS REPORT

N35011

11. Additional officers/directors:

S/D Darlene Welch \_1824 S.E. 8 St.

Cape Coral, FL 33990