2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90073 040 ****70.00

DOCUMENT # N38295

1. Entity Name

HISPANIC PROFESSIONAL WOMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 152344 TAMPA FL 33684	P O BOX 152344 TAMPA FL 33684-2344

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3018810 — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, PEREZ L
1944 BLOSSOM WAY SO.
SAINT PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name: MARCIA E. PITA, PH.D.
Street Address (P.O. Box Number is Not Acceptable): 1107 W. CORAL ST.
City: TAMPA FL Zip Code: 33602

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: Marcia E. Pita, Ph.D. DATE: 3/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARVEY, PEREZ L 1944 BLOSSOM WAY S. ST. PETERSBURG FL 33712	☒ Delete	PD MARCIA E.PITA?PH.D 1107 W. CORAL ST.,TAMPA° FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PITA, MARCIA E PHD 1107 W. CORAL ST TAMPA FL 33602	☒ Delete	VP ANA SALVATORI 18221 N. 30Th STREET LUTZ,FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARDING, MARIA J 1208 W. ADALEE ST TAMPA FL 33603	☒ Delete	S CRISTINA KIRLIGHTER 511 Montrose Ave. TEMPLE TERRACE,FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD FRASSICA, JAMARIS S 3002 W. PRICE AVE TAMPA FL 33611	☒ Delete	T DAMARIS SOTO 3002 W.PRICE AVE. TAMPA,FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	ATD ROSA CHAVARRIA 6115 N.ARMINIA AVE. TAMPA,FL33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: DAMARIS SOTO — 03-29-00 — (813)831-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #