3/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

03-12-2001 90459 001 ****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

435-74

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	7. Name and Address of New Registered Agent
PITA, MARCIA E PHD 1107 W. CORAL ST TAMPA FL 33602	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 Marcia E Pita, PhD. 3/7/01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D ☐ Delete PITAOPH, MARCIA E D 1107 W. CORLA ST TAMPA FL 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Elect. D ☐ Change ☒ Addition SALVATORI, ANA 18221 N. 30th ST. LUTZ, FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☒ Delete SALCATORI, ANA 18221 N. 30TH STREET LUTZ FL 33549	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D ☐ Change ☒ Addition LISA COSTAS 1716 COMPTON ST. BRANDON, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☒ Delete KIRLIGHTER, CHRISTINA 511 MONTROSSE AVE TAMPA FL 33617	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ Change ☒ Addition LILLIANE REYES, ED S. D 2515 W. POWHATAN AVE TAMPA, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D ☐ Delete SOTO, DAMARIS 3002 W. PRICE AVE TAMPA FL 33611	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD ☒ Delete CHAVARRIA, ROSA 6115 N. ARMINIA AVE TAMPA FL 33611	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Marcia E Pita, PhD. 3/7/01 Pager 887-7198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #