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