

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90852 028 ****61.25

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**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PITA, MARCIA E PHD
 1107 W. CORAL ST
 TAMPA FL 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

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	D PITAOPH, MARCIA E D 1107 W. CORLA ST TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SAIVATORI, ANA 18221 N. 30TH ST LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COSTAS, LISA 1716 COMPTON ST BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTO, DAMARIS 3002 W. PRICE AVE TAMPA FL 33611	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, LILLIANE EDS 2515 W. POWHATAN AVE TAMPA FL 33614	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ana Salvatori 18221 N. 30th St Lutz, FL 33549	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Novia Stedjen PED 8702 Veranda Way Tampa, FL 33635	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sandra Fernandez Lopez 7213 N. 40th St. Tampa, FL 33604	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christina Karkhabe 511 Montrose Ave Temple Terrace, FL 33617	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 I am empowered.

SIGNATURE:

Sandra Fernandez Lopez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 813-980-0971

CR2E037 (9/01)