2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State
03-20-2000 90012 020 ****61.25

DOCUMENT # N43108

1. Entity Name
HISPANIC HERITAGE CELEBRATION, INC.

(R)

Principal Place of Business	Mailing Address
P.O. BOX 2393 IMMOKALEE FL 34143	P.O. BOX 2393 IMMOKALEE FL 34143-2393

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 65-0278507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOZANO, JOE
403 N. 15TH STREET
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

Name LOZANO, JOE
Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 1094~~ 613 NASSAU ST. APT-2
City IMMOKALEE, FL Zip Code 34143

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.

(ADDRESS CHANGE ONLY)

SIGNATURE Joe Lozano DATE 3.14.2000
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		☐ Delete
TITLE	PD	
NAME	LOZANO, JOE	
STREET ADDRESS	403 N. 15TH STREET I	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VD	☒ Delete
NAME	PAPPALARDO, ANNIE	
STREET ADDRESS	310 ALACHUA STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	TD	☐ Delete
NAME	BARROSO, DIGNA	
STREET ADDRESS	1703 7TH AVE.	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	S	☐ Delete
NAME	SIEMIANOWSKI, TOM	
STREET ADDRESS	614 S. 5TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		☐ Change ☐ Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President D	☒ Change ☐ Addition
NAME	SERRATA, ESSIE	
STREET ADDRESS	1805 FARM WORKERS WAY	
CITY-ST-ZIP	IMMOKALEE, fl. 34142	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (6/96)

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: Joe Lozano REQUIRED Date 3/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #