

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N44975**

1. Entity Name

HISPANIC BAR ASSOCIATION OF CENTRAL FLORIDA, INC**FILED**
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90011 041 ****70.00

0001280

Principal Place of Business

**390 N. ORANGE AVENUE
STE. 600
ORLANDO FL 32801**

Mailing Address

**390 N. ORANGE AVENUE
STE. 600
ORLANDO FL 32801**

2. Principal Place of Business

390 E. Robinson Street

Suite, Apt. #, etc.

Suite 600

City & State

Orlando, Florida

3. Mailing Address

P.O. Box 3000

Suite, Apt. #, etc.

City & State

Orlando, FloridaZip
32801Country
OrangeZip
32802Country
Orange

4. FEI Number

59-3086401

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DIAZ, ARISTIDES
390 N. ORANGE AVENUE
STE. 600
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

**Name
RODRIGUEZ, Diego
Street Address (P.O. Box Number is Not Acceptable)
435 North Orange Avenue****City
Orlando****FL****Zip Code
32801**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	PESQUERA, RICARDO R	
STREET ADDRESS	646 EAST COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, ARISTIDES J	
STREET ADDRESS	701 PEACHTREE ROAD	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ-BROWN, YVETTE	
STREET ADDRESS	332 N. MAGNOLIA AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Diego	
STREET ADDRESS	435 North Orange Avenue	
CITY-ST-ZIP	Orlando, FL 32801	

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Elmer	
STREET ADDRESS	315 East Robinson St., Suite 600	
CITY-ST-ZIP	Orlando, FL 32801	

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Power, Robert	
STREET ADDRESS	646 East Colonial Drive	
CITY-ST-ZIP	Orlando, Florida 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 425-7010

CR2E037 (9/01)

Attachment ... Document # N44975
ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
ATTORNEYS AND COUNSELORS AT LAW

330610

BERNARD J. ZIMMERMAN (Retired)
W. CHARLES SHUFFIELD
ROLAND A. SUTCLIFFE, JR.
WENDELL J. KISER
ROBERT E. MANSBACH, JR.
ROBERT L. DIETZ
STEPHEN B. HATCHER
ROBERT W. PEACOCK, JR.
J. TIMOTHY SCHULTE
PAMELA L. FOELS
JOSEPH C. L. WETTACH
MICHAEL C. TYSON
KEVIN L. LIENARD
KRAIG N. JOHNSON
KEVIN G. MALCHOW
LYNNE R. WILSON
TUWANA J. MCMILLAN
WILLIAM R. LOWMAN, JR.
CHARLES B. COSTAR III

ONE LANDMARK CENTER, SUITE 600
315 EAST ROBINSON STREET 32801

Please Reply To:
POST OFFICE BOX 3000
ORLANDO, FLORIDA 32802-3000

TELEPHONE (407) 425-7010
TELECOPIER (407) 425-2747

WWW.ZSKS.COM

February 13, 2002

MELISSA D. KAPLAN
Of Counsel

LORI A. W. SMITH
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JAN MEYER TEWS
EDGAR J. HEDRICK III
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PAIGE HAMMOND WOLPERT
C. DOUGLAS GREEN
RUSTEN C. HURD
C. GENE SHIPLEY
CARLOS M. COLOMBO
ALEX H. HAMRICK
MICHAEL E. LONG
JAMES J. THERRELL, JR.
E. GINETTE CHILDS
LYNDEL ANNE MASON
PAMELA J. KEMP
NICOLA A. BOOTHE-PERRY
ELMER SANCHEZ
KATHERINE E. MCKINLEY
ANDREA CARO
KENDALL S. WELLS

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Hispanic Bar Association of Central Florida, Inc.

Dear Ms. Harris:

As the newly installed treasurer for the Hispanic Bar Association of Central Florida, Inc., I am writing to inquire about the annual fee paid by our organization for the year 2001. A review of our records indicates that the previous treasurer submitted a check in the amount of \$750.00 to cover the annual fee, which included a fee for reinstatement. A copy of that check is enclosed for your information. It appears that an error was made in calculating the amount due since the Hispanic Bar Association of Central Florida, Inc. is a nonprofit organization. Looking at a current list of fees, the correct amount which should have been paid for 2001 is \$236.25. Therefore, I am requesting a refund in the amount of \$513.75 for the overpayment for the Annual Report for 2001 by the Hispanic Bar Association of Central Florida, Inc.

In addition to the foregoing, enclosed please find the completed 2002 Uniform Business Report, bearing Document No. N44975, together with check No. 1051, drawn on the account of the Hispanic Bar Association of Central Florida, Inc. in the amount of \$70.00. This covers the cost of the filing fee of \$1.25 and the fee for Certificate of Status in the amount of \$8.75.

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
February 13, 2002
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Attachment Document #
NH4975

330610

Your immediate attention to this filing and in particular the *refund of the above stated overpayment for 2001* is greatly appreciated.

Sincerely,



Elmer Sanchez, Treasurer


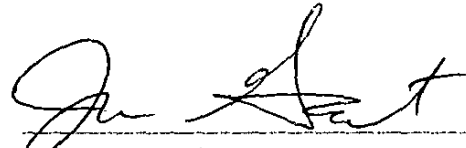
EES:kla

Enclosures

Attachment
Document # N44975

330610

~~33061~~

Hispanic Bar Association Of Central Florida 701 Peachtree Road Orlando, Florida 32804		1045
DATE <u>11/13/01</u>		63-215/631
PAY TO THE ORDER OF	<u>Department of State</u>	\$ <u>750.00</u>
<u>Seven hundred fifty and 00/100</u>		DOLLARS  Security features included. Circle on back.
SUNTRUST SunTrust Bank, Central Florida SunTrust Center Office (407) 839-4786 Orlando, FL		
FOR	<u>Reinstatement - HBA</u>	
⑈001045⑈ ⑆063102152⑆0215232178215⑈		