

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90088 035 ****61.25

DOCUMENT # N96000000557

1. Entity Name

ALIANZA CIVICA HISPANA DE LA FLORIDA CENTRAL, IN

Principal Place of Business

Mailing Address

6220 S. ORANGE BLOSSOM TRL., STE. 142
 ORLANDO FL 32809

6220 S. ORANGE BLOSSOM TRL., STE. 142
 ORLANDO FL 32809-4677

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 **59-3477083**
NOT APPLICABLE

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

7. Name and Address of New Registered Agent

CEPERO, ANGEL
6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809

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 _____ DATE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CEPERO, ANGEL	
STREET ADDRESS	7809 SNOWBERRY CIR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, HIRAM	
STREET ADDRESS	8658 CURRY FORD RD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYAS, ARMANDO	
STREET ADDRESS	1018 E. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALARINO, LIZETTE	
STREET ADDRESS	3338 NETHERWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, CARLOS	
STREET ADDRESS	100 S HUGHEY AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRANO, WALDEMAR	
STREET ADDRESS	137 ABBEY HOLLOW DR.	
CITY-ST-ZIP	APOPKA FL 32712	

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		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERO, JOSE LUIS	
STREET ADDRESS	15 PINE ARBOR DR.	
CITY-ST-ZIP	ORLANDO, FL. 32825	
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

3/29/00

Date

407-856-1906

Daytime Phone #

CR2E037 (9/99)