

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90112 041 ****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**

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 ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3477083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CU060710



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

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 | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|-------------------|----------------------|------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| D | CEPERO, ANGEL | 7809 SNOWBERRY CIR. | ORLANDO FL 32819 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | BUSTAMANTE, HIRAM | 8658 CURRY FORD RD. | ORLANDO FL 32825 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | PAYAS, ARMANDO | 1018 E. ROBINSON ST. | ORLANDO FL 32801 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | RIVERO, JOSE L | 15 PINE ARBOR DR | ORLANDO FL 32825 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | LORENZO, CARLOS | 100 S HUGHEY AVE | ORLANDO FL 32801 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | SERRANO, WALDEMAR | 137 ABBEY HOLLOW DR. | APOPKA FL 32712 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

3/4/01

407-856-1906

Date Daytime Phone #

CR2E037 (10/00)