

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757175

1. Entity Name

HISPANIC HERITAGE COUNCIL, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90049 001 ****61.25

Principal Place of Business

4011 W FLAGLER STREET
STE #204
MIAMI FL 33134
US

Mailing Address

4011 W FLAGLER STREET
STE #204
MIAMI FL 33134-1643
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2163593

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VAZQUEZ, ELOY
4011 WEST FLAGLER STREET
STE #204
MIAMI FL 33134

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 **D** ☒ Delete
NAME **VOLSKY, GEORGE**
STREET ADDRESS **1008 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Change ☒ Addition
NAME **Beba Luzarraga**
STREET ADDRESS **One Herald Plaza**
CITY-ST-ZIP **Miami, Fl. 33132**

TITLE **CD** ☒ Delete
NAME **SIMMS, GERARDO**
STREET ADDRESS **111 SW 27TH RD**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Change ☒ Addition
NAME **Irela Diaz**
STREET ADDRESS **5130 SW 5th Ter**
CITY-ST-ZIP **Miami, Fl. 33134**

TITLE **D** ☒ Delete
NAME **SANCHEZ, GONZALO**
STREET ADDRESS **3301 MONEGRO ST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Change ☐ Addition
NAME **John F. Pierce**
STREET ADDRESS **2267 NW 199th St**
CITY-ST-ZIP **Miami, Fl. 33056**

TITLE **D** ☐ Delete
NAME **VAZQUEZ, ELOY**
STREET ADDRESS **3430 E 1 AVE**
CITY-ST-ZIP **HALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VAZQUEZ, ELOY 3/23/00 (305) 541-1023