

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90179 039 ****61.25

DOCUMENT # 757175

1. Entity Name

HISPANIC HERITAGE COUNCIL, INC.

Principal Place of Business

Mailing Address

**4011 W FLAGLER STREET
STE #503
MIAMI FL 33134
US**

**4011 W FLAGLER STREET
STE #503
MIAMI FL 33134
US**

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

59-2163593

Applied For

Not Applicable

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Change to suite No. 503

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 **D** ☒ Delete
NAME **GUSTAVO, ALFONSO Z**
STREET ADDRESS **9100 S DADELAND BLVD STE 1410**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Change ☒ Addition
NAME **Raquel Switzer**
STREET ADDRESS **1390 S Dixie Hwy**
CITY-ST-ZIP **Coral Gables, Fl. 33146**

TITLE **D** ☒ Delete
NAME **CASTELLANOS, ADDY**
STREET ADDRESS **243 UNIVERSITY DRIVE**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☐ Change ☒ Addition
NAME **Miriam Rosquete**
STREET ADDRESS **95 Merrick Way**
CITY-ST-ZIP **Coral Gables, Fl 33134**

TITLE **D** ☒ Delete
NAME **LAMELA, MADELINE**
STREET ADDRESS **800 DOUGLAS RD ANNEX BLDG STE 111**
CITY-ST-ZIP **MIAMI FL 33134**

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

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

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

TITLE **D** ☐ Delete
NAME **MENDOZA, EDUARDO**
STREET ADDRESS **4011 W FLAGLER ST NO 503**
CITY-ST-ZIP **MIAMI FL 33134**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED **VAZQUEZ** **4/9/02** **(305) 541-5023**

CR2E037 (9/01)