

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90176 031 \*\*\*\*61.25

**DOCUMENT # 757175**

1. Entity Name

**HISPANIC HERITAGE COUNCIL, INC.**



Principal Place of Business

~~401 W FLAGLER STREET~~  
~~STE 503~~  
~~MIAMI FL 33134~~  
~~US~~

Mailing Address

~~401 W FLAGLER STREET~~  
~~STE 503~~  
~~MIAMI FL 33134~~  
~~US~~

2. Principal Place of Business

**5040 NW 7 STREET**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.  
**690**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip  
**33126**

Country  
**USA**

Zip

Country

4. FEI Number **59-2163593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VAZQUEZ, ELOY**

~~4011 WEST FLAGLER STREET~~ **3430 E 1 AVE**  
~~STE 503~~  
~~MIAMI FL 33134~~ **HIALEAH, FL 33013**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**ELOY VAZQUEZ**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **SWITZER, RAQUEL**  
STREET ADDRESS **1390 S DIXIE HWY.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☒ Delete  
NAME **ROSQUETE, MIRIAM**  
STREET ADDRESS **95 MERRICK WAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete  
NAME **DIAZ, IRELA**  
STREET ADDRESS **5130 SW 5TH TERR**  
CITY-ST-ZIP **MIAMI FL 33134**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **MIRIAM ROSQUETE**  
STREET ADDRESS **6010 GRANADA BLVD,**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **MANUEL A. GARCIA-LINARES**  
STREET ADDRESS **1215 LISBON STREET**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **SUSAN B. ANGULO**  
STREET ADDRESS **10700 SW 88 COURT**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☒ Change ☐ Addition  
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 REQUIRED ELOY VAZQUEZ 4/23/03 305-461-1014**

CR2E037 (10/02)