

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # 762693

1. Entity Name

ASOCIACION CULTURAL HISPANO-AMERICANA, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

02-29-2000 90126 029 ****70.00

Principal Place of Business

Mailing Address

309 PLANTATION CR
PONTE VEDRA BEACH FL 32082
US

P.O. BOX 50850
JACKSONVILLE BEACH FL 32240-0850
US

2. Principal Place of Business

11757 Central Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-2367618

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

Country

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

RAFAEL S. INCLAN M.D.
2839 WOOD VALLEY COURT
JACKSONVILLE FL 32217

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	D	INCLAN, RAFAEL	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3599 UNIV BLVD STE 100	
CITY-ST-ZIP		JACKSONVILLE FL	
TITLE	P	BENITEZ, NORBERTO	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		309 PLANTATION CR	
CITY-ST-ZIP		PONTE VEDRA FL	
TITLE	C	SAMPAYO, ERIK	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		11586 GREENLAND HIWAY DR. E.	
CITY-ST-ZIP		JACKSONVILLE FL 32258	
TITLE	VP	ROSA, LARISSA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		7858 RITTENHOUSE LANE	
CITY-ST-ZIP		JACKSONVILLE FL	
TITLE	T	BENITEZ, ANNA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		309 PLANTATION CR	
CITY-ST-ZIP		PONTE VEDRA FL	
TITLE	D	RIVERA, SONIA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		3181 HERMITAGE RD.	
CITY-ST-ZIP		JACKSONVILLE FL	

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	Rolando Perez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		11757 Central Parkway	
CITY-ST-ZIP		Jacksonville, FL 32224	
TITLE	D	ROSA, LARISSA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		7858 RITTENHOUSE LANE	
CITY-ST-ZIP		JACKSONVILLE, FL	
TITLE	D	BENITEZ, NORBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		309 PLANTATION CR	
CITY-ST-ZIP		PONTE VEDRA, FL 32082	
TITLE	D	Maria Julia Perez	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		11757 Central Parkway	
CITY-ST-ZIP		Jacksonville, FL 32224	
TITLE	S	Maria Julia Perez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		11757 Central Parkway	
CITY-ST-ZIP		Jacksonville, FL 32224	

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

2/7/2000

Date

Daytime Phone #

CR2E037 (9/99)

DOC # 762693
308454

Asociación Cultural Hispano-Americana, Inc.

P.O. Box 50850
Jacksonville Beach, FL 32240

July 11, 2000

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

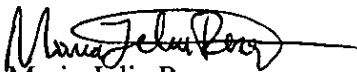
We have enclosed the annual report/uniform business report with the information required for the Florida nonprofit corporation. We have highlighted the names and addresses of our 3 directors.

The following directors have being selected:

1. Inclan, Rafael remains the same.
2. Benitez, Norberto changes from "P" to "D."
3. Rosa, Larissa changes from "VP" to "D."
4. Maria Julia Perez is an addition for "D."

Please review this information, and we hope we have corrected any misplaced information.

Sincerely,



Maria Julia Perez
Secretary