

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

0012801

**DOCUMENT # 762693**

1. Entity Name

**ASOCIACION CULTURAL HISPANO-AMERICANA, INC.**

02-26-2001 90545 032 \*\*\*\*70.00

**C0024718**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11757 CENTRAL PARKWAY**  
**JACKSONVILLE FL 32224**  
**US**

Mailing Address  
**P.O. BOX 50850**  
**JACKSONVILLE BEACH FL 32240**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2367618**

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

**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**  
**+ F.S. 70.00**

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 **INCLAN, RAFAEL**  
 STREET ADDRESS **3599 UNIV BLVD STE 100**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **P** ☒ Delete  
 NAME **BENITEZ, NORBERTO**  
 STREET ADDRESS **309 PLANTATION CR**  
 CITY-ST-ZIP **PONTE VEDRA FL**

TITLE **P** ☐ Change ☒ Addition  
 NAME **PEREZ, ROLANDO**  
 STREET ADDRESS **3064 CYPRESS CREEK DR.**  
 CITY-ST-ZIP **PONTE VEDRA, FL**

TITLE **C** ☐ Delete  
 NAME **SAMPAYO, ERIK**  
 STREET ADDRESS **11586 GREENLAND HIWAY DR. E.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE **VP** ☐ Delete  
 NAME **ROSA, LARISSA**  
 STREET ADDRESS **7858 RITTENHOUSE LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **T** ☐ Delete  
 NAME **BENITEZ, ANNA**  
 STREET ADDRESS **309 PLANTATION CR**  
 CITY-ST-ZIP **PONTE VEDRA FL**

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

TITLE **D** ☒ Delete  
 NAME **RIVERA, SONIA**  
 STREET ADDRESS **3181 HERMITAGE RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **PEREZ, MARIA JULIA**  
 STREET ADDRESS **3064 CYPRESS CREEK DR.**  
 CITY-ST-ZIP **PONTE VEDRA, FL**

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:

**NOT REQUIRED**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**704**  
**8/14/01** **645-9169**  
 Date Daytime Phone #

CR2E037 (10/00)