

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762693

1. Entity Name

ASOCIACION CULTURAL HISPANO-AMERICANA, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2367618

Applied For

Not Applicable

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]
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	<input type="checkbox"/> Delete
NAME	INCLAN, RAFAEL	
STREET ADDRESS	3599 UNIV. BLVD STE 100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, ROLANDO	
STREET ADDRESS	3064 CYPRESS CREEK DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	SAMPAYO, ERIK	
STREET ADDRESS	11586 GREENLAND HIDEWAY DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSA, LARISSA	
STREET ADDRESS	7858 RITTENHOUSE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENITEZ, ANNA	
STREET ADDRESS	309 PLANTATION CR	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, MARIA J	
STREET ADDRESS	3064 CYPRESS CREEK DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/02 645-9169

CR2E037 (9/01)

0060481