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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
04-28-2001 90014 050 ****61.25

DOCUMENT # N00000000143

1. Entity Name

HISPANIC ORGANIZATION FOR PROGRESS AND EMPOWERME

Principal Place of Business	Mailing Address
3240 SW STREET STE 319 OCALA FL 34474	3240 SW STREET STE 319 OCALA FL 34474

– 3552

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4440 SW. 44 LN	4440 SW. 44 LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA - FL.	City & State: OCALA FL.
Zip: 34474 Country:	Zip: 34474 Country:

4. FEI Number: 59-3619335 ☐ 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
DIAZ, MARIA E 3240 SW STREET STE 319 OCALA FL 34474	Name: MARIA E DIAZ Street Address (P.O. Box Number is Not Acceptable): 4440 SW. 44 LN City: OCALA FL Zip Code: 34474

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARIA E. DIAZ 4440 SW. 44 LN OCALA - FL 34474. D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT MAGDA CANZA 3501 NE. 10 ST. OCALA FL 34470 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE LUIS ALVA 3012 SW 20 St. Apt 201 D OCALA FL 34474. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY STELLA RINCON. 2821 NE 3th St. #34 OCALA - FL 34470 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUIS BARRERA VOCAL 5-SE. 17th St. OCALA - FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICTOR TORRES VOCAL. 5979 NE 70th St. OCALA FL 34488 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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] MARIA EUGENIA DIAZ 4-23-01 (352) 237-5767.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #