

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 22 PM 2:36

DOCUMENT # **0000000656**  
 1. Entity Name  
**HISPANIC/AMERICAN ALLIANCE OF BROWARD INC.**

Principal Place of Business Mailing Address  
**9311 N.W. 39 St.**  
**SUNRISE, FL. 33351**  
**TEL (954) 260-9844 - WK. 954) 767-8591**

2. Principal Place of Business 3. Mailing Address  
**S/A** **S/A**  
 Suite, Apt. # etc. Suite, Apt. #  
**S/A** **S/A**

City & State City & State  
**S/A**  
 Zip Country Zip Country

4. FEI Number **61-1021143** 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  
**NORIS BROWN**  
**9311 N.W. 39 ST**  
**SUNRISE, FL. 33351**

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.  
 SIGNATURE **Noris Y Brown** **6/21/01**  
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

TITLE	<b>President - Founder</b> <input type="checkbox"/> Delete
NAME	<b>NORIS BROWN</b>
STREET ADDRESS	<b>9311 N.W. 39 ST</b>
CITY-ST-ZIP	<b>SUNRISE, FL. 33351</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CARLOS ARSINEGA</b>
STREET ADDRESS	<b>2816 N.E. 10th</b>
CITY-ST-ZIP	<b>WALTON MANORS, FL 33334</b>
TITLE	<b>Treasurer</b> <input type="checkbox"/> Delete
NAME	<b>GISELA SANCHEZ</b>
STREET ADDRESS	<b>P.O. Box 590175 - Ft. Lauderdale</b>
CITY-ST-ZIP	<b>33355</b>
TITLE	<b>Secretary</b> <input type="checkbox"/> Delete
NAME	<b>FATACIA DUBUE</b>
STREET ADDRESS	<b>680 Coolidge St</b>
CITY-ST-ZIP	<b>Hollywood, FL. 33021</b>
TITLE	<b>Trustee</b> <input type="checkbox"/> Delete
NAME	<b>OROLINDA ALBER</b>
STREET ADDRESS	<b>144 NW. 73 Ave</b>
CITY-ST-ZIP	<b>Lensmore Ave, FL. 33012</b>
TITLE	<b>Asst. Director</b> <input type="checkbox"/> Delete
NAME	<b>LILLIA MARTINEZ</b>
STREET ADDRESS	<b>2615 Davis Blvd</b>
CITY-ST-ZIP	<b>Ft. Lauderdale, FL. 33312</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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 \*\*\*\*\*70.00 \*\*\*\*\*70.00

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: **Noris Y Brown** **6/21/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Noris Y. Brown

CR2E037 (11/00)