

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

0031634

**DOCUMENT # N00000000656**

1. Entity Name

**HISPANIC/AMERICAN ALLIANCE OF BROWARD, INC.**

05-06-2002 90169 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9311 NW 39 STREET  
 SUNRISE FL 33351

9311 NW 39 STREET  
 SUNRISE FL 33351

**300 AVENUE OF THE  
 ARTS  
 Fort Lauderdale FL.  
 33313**



2. Principal Place of Business

3. Mailing Address

**Robert Pascal**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**300 Avenue of Arts**

City & State

City & State

**Fort Lauderdale FL 33313**

4. FEI Number **61-1021143**

Applied For

Not Applicable

Zip

Country

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

**BROWN, NORIS A  
 9311 NW 39 STREET  
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **Robert A. Pascal, Attorney At Law**

Street Address (P.O. Box Numbers Not Acceptable)  
**300 S.W. 73rd Ave.**

City **Fort Lauderdale** FL **33312**

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

**4/22/02**  
**4/22/02**

**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	PD	<input type="checkbox"/> Delete
NAME	BROWN, NORIS	
STREET ADDRESS	9311 NW 39 STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARSINEGA, CARLOS	
STREET ADDRESS	2816 N.E. 16	
CITY-ST-ZIP	WALTON MANORS FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, GISELA	
STREET ADDRESS	P.O. BOX 570175	
CITY-ST-ZIP	FT LAUDERDALE FL 33355	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUQUE, PATRICIA	
STREET ADDRESS	6870 COOLIDGE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	I	<input type="checkbox"/> Delete
NAME	ALBER, OROLINDA	
STREET ADDRESS	14 N.W. 73RD AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33012	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	MANTILLA, LILLIA	
STREET ADDRESS	2615 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	

TITLE	FOUNDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NORIS	
STREET ADDRESS	9311 NW 39 ST. SUNRISE, FL. 33351	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PASCAL	
STREET ADDRESS	1506 SE 12 ST. FT. LAUD. FL. 33316	
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD M. BROWN	
STREET ADDRESS	9311 NW 39 STREET. FT. LAUDERDALE, FL. 33351	
CITY-ST-ZIP		
TITLE	SD IT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBER, OROLINDA	
STREET ADDRESS	14 NW 73rd Ave Pembroke Pines, FL. 33062	
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		

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: **Robert A. Pascal - Pres 4-23-02 954-520-4080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)