

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90311 045 \*\*\*\*61.25

**DOCUMENT # N00000000656**

1. Entity Name

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



Principal Place of Business

**9311 NW 39 STREET  
SUNRISE FL 33351**

Mailing Address

**ROBERT PASCAL  
300 AVENUE OF ARTS  
FORT LAUDERDALE FL 33313**

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 **61-1021143**

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

**PASCAL, ROBERT A AAL  
300 S.W. 7TH AVE  
FORT LAUDERDALE FL 33312**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>F</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, NORIS</b>	
STREET ADDRESS	<b>9311 NW 39 STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PASCAL, ROBERT</b>	
STREET ADDRESS	<b>1506 SE 12 ST</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, RICHARD M</b>	
STREET ADDRESS	<b>9811 NW 39 STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>X</b> <b>9811 HEALTH EDUCATION, DIRECTOR of Operations</b>	<input type="checkbox"/> Delete
NAME	<b>ALBER, OROLINDA</b>	
STREET ADDRESS	<b>14 NW 73RD AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33062</b>	
TITLE	<b>X</b> <b>T-PATRICIA DUQUE Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>ALBER, OROLINDA</b>	
STREET ADDRESS	<b>14 NW 73RD AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33062</b>	
TITLE	<b>X</b> <b>Dr. Mike Butrago</b>	<input type="checkbox"/> Delete
NAME	<b>5210 LINTON Blvd. Suite 301</b>	
STREET ADDRESS	<b>Del Rey Beach, FL</b>	
CITY-ST-ZIP		

TITLE	<b>DOCTOR MIKE E BUTRAGO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HONORARY BOARD MEMBER</b>	
STREET ADDRESS	<b>5210 LINTON Blvd. Suite 301</b>	
CITY-ST-ZIP	<b>Del Rey Beach, FL</b>	
TITLE	<b>Executive Director of</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEALTH EDUCATION</b>	
STREET ADDRESS	<b>14 NW 73RD AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PATRICIA M. DUQUE</b>	
STREET ADDRESS	<b>16800 Colridge St.</b>	
CITY-ST-ZIP	<b>Hasd, FL 33012</b>	
TITLE	<b>Ms. Lilia Mantilla</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Coordinator of Spanish Media</b>	
STREET ADDRESS	<b>7213 W. David Blvd. Newspaper Editor</b>	
CITY-ST-ZIP	<b>F.T.L. FL.</b>	
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 PASCAL President, HAA 6 954522-4090**

CR2E037 (10/02)