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

DOCUMENT # N0000001206

1. Entity Name



May 05, 2003 8:00 am g Secretary of State 05-05-2003 90193 017 ****61.25

FILED

FLORIDA STATE HISPANIC CHAMBER OF COMMERCE, INC.

Principal Plac	ce of Business	Mailing Address		}					
-	Gler Drive, Ste. 2405 Beach Fl. 33407	5600 N. FLAGLER DRIVE, ST WEST PALM BEACH FL 334							
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2. Principal Place of Business 13876 SW56 Street		3. Mailing Address 13876 SW56 Street		et					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	0110		lacktriangledown	CHECK HERE IF MAK	ING CHANGES		
City & Stat	te 🗀	City & State	FI		4. FEI Number	59-3625556	<u> </u>	oplied For]
Zip -32	Country Country	123175	US A		5. Certificate of S	tatus Desired	\$9.75	ditional	1
	6. Name and Address of Current R	legistered Agent	<u> </u>		7. Name and Ado	dress of New Register			\cdot
FUENTI	es, juuo		Name Street A	FC	ventes O. Box Number is.	Julio Not Acceptable)	- 11		
	. Flagler Drive, STE. 2405 Palm Beach Fl 33407			138.	16 SWE	Not Acceptable)	,#46	0	
			City	Mi	2411	F	L Zincod	175	
	named entity submits this statement for	the purpose of changing its re-				the State of Florida. I a			1
the obliga	tions of registered agent					1	(
SIGNATURE	HUW THERE	J - Julio	Fuer Registered Agent signal	The,	5	311	7/03		
×	Signature, typed or printed fame of registered agent ar	ig dae ir applicable. (NOTE: K	egistered Agent signat	ure required w	nen reinstating)	DAT	<u> </u>		}
· ·	FILE NOW: FEE IS \$61.25	9. Election Campa			\$5.00 May Be		eck Payable		
		Must rund con	anouton.	_ ,	Added to Fees	Florida Det	partment of S	Hate	١
10.	OFFICERS AND DIRE		11.	Al	DDITIONS/CHANG	ES TO OFFICERS AND			ءِ ا
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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 for 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: