

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000002043

1. Entity Name *SENIOR Coalition of Hispanic-American Citizens, Inc.*

Principal Place of Business

Mailing Address

*1324 SW 17 Terrace
Miami, FL 33145**same*

A0065661

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0994974

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME *Peter Bernal*
STREET ADDRESS *90 EDGEWATER DRIVE*
CITY-ST-ZIP *CORAL GABLES, FL 33133*TITLE ☐ Delete
NAME *Hector A. Torres*
STREET ADDRESS *1324 SW 17 Terrace*
CITY-ST-ZIP *MIAMI, FL 33145*TITLE ☐ Delete
NAME *Alicia C. Diaz*
STREET ADDRESS *800 N.W. 13 AVE #303*
CITY-ST-ZIP *MIAMI, FL 33145*TITLE ☒ Delete
NAME *MARGARET Sanchez*
STREET ADDRESS *2865 S.W. 38 Ave.*
CITY-ST-ZIP *Miami, FL 33134*TITLE ☒ Delete
NAME *MARCELYNO Regalado*
STREET ADDRESS *7805 CORA WAY #103*
CITY-ST-ZIP *MIAMI, FL 33145*TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME *Alfonso Prado*
STREET ADDRESS *5180 N.W. 7 St. #101*
CITY-ST-ZIP *MIAMI, FL 33126*TITLE ☐ Change ☒ Addition
NAME *HARRY ESCANDON*
STREET ADDRESS *876 NW 14th*
CITY-ST-ZIP *MIAMI, FL 33125*TITLE ☐ Change ☒ Addition
NAME *PACIDO HERNANDEZ*
STREET ADDRESS *14000 SW 90 AVE B-103*
CITY-ST-ZIP *MIAMI, FL 33176*TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report for supplemental reporting 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

Original Filing Fee

4/25/2001 (305) 844-0922

CP22034 (11/00)