

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/8/

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90122 038 \*\*\*\*61.25

**DOCUMENT # N00000002604**

1. Entity Name

**HISPANIC ALLIANCE OF PALM BEACH COUNTY, INC.**

Principal Place of Business

1610 ROYAL FOREST CT.  
W. PALM BCH FL 33406

Mailing Address

1610 ROYAL FOREST CT.  
W. PALM BCH FL 33406

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

65-0981399

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

**RUIZ, HELMAN**  
**1610 ROYAL FOREST CT.**  
**W. PALM BCH FL 33406**

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

**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	D	<input type="checkbox"/> Delete
NAME	RUIZ, HELMAN	
STREET ADDRESS	1610 ROYAL FOREST CT.	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	DATENA, CARLOS	
STREET ADDRESS	1610 ROYAL FOREST CT.	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTANEZ, CARLOS A.	
STREET ADDRESS	1610 ROYAL FOREST CT.	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, JUAN O	
STREET ADDRESS	1610 ROYAL FOREST CT.	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCE, LILLIAN	
STREET ADDRESS	1610 ROYAL FOREST CT.	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERRATO, JOSE F	
STREET ADDRESS	1610 ROYAL FOREST CT.	
CITY-ST-ZIP	W. PALM BCH FL 33406	

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	
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 empowerments.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)