

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90224 026 \*\*\*\*70.00

**DOCUMENT # N00000002604**

1. Entity Name

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



Principal Place of Business

**7865 ROCK PORT CIRCLE  
LAKE WORTH FL 33467**

Mailing Address

**7865 ROCK PORT CIRCLE  
LAKE WORTH FL 33467**

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

**ARUJ, DAVID  
7865 ROCK PORT CIRCLE  
LAKE WORTH FL 33467**

Name **DATENA MABEL**

Street Address (P.O. Box Number is Not Acceptable)

**7865 ROCK PORT CIRCLE**

City **LAKE WORTH**

**FL**

Zip Code **33467**

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]*

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 **D** ☐ Delete  
NAME **ARUJ, DAVID**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **DATENA CARLOS** ☒ Change ☐ Addition  
NAME **DATENA CARLOS**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete  
NAME **DATENA, CARLOS**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **DATENA MABEL** ☐ Change ☒ Addition  
NAME **DATENA MABEL**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete  
NAME **BAEZ, ROGER**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **CISNEROS, CARLOS**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **CERRATO, JOSE F**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **TARQUINO, DEMETRIO**  
STREET ADDRESS **7865 ROCK PORT CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*[Signature]* **REQUIRED**

03/15/03 (561) 966 9955

CR2E037 (10/02)