

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004032****1. Entity Name****HISPANIC HIV/AIDS COALITION, INC.****Principal Place of Business****Mailing Address**1201 SW 23 RD ST
MIAMI FL 331451201 SW 23 RD ST
MIAMI FL 33145**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

65-1041835

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

MEDINA, RAUL
1201 SW 23 RD ST
MIAMI FL 33145**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 checked="" type="checkbox"/> Delete
NAME	ESPINOZA, LUIS A	
STREET ADDRESS	3860 TREE TOPS RD	
CITY-ST-ZIP	COOPERCITY FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLINA, GERMAN	
STREET ADDRESS	1541 BRICKELL AVE, #1203	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ARMANDO	
STREET ADDRESS	2528 SW 18 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, RAUL	
STREET ADDRESS	1201 SW 23 RD ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERITA Y. ROMAN	
STREET ADDRESS	1342 SW 4 ST #5	
CITY-ST-ZIP	MIAMI FLA 33135	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnny M. Curbelo	
STREET ADDRESS	225 NE 34 ST, #207	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julio Gonzalez	
STREET ADDRESS	13208 SW 131 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001 305-255-7769

Daytime Phone #

47970



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)