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

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90906 004 ****61.25

DOCUMENT # N00000004032

1. Entity Name
HISPANIC HIV/AIDS COALITION, INC.

Principal Place of Business	Mailing Address
1201 SW 23 RD ST MIAMI, FL 33145	1201 SW 23 RD ST MIAMI, FL 33145

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3050 Biscayne Blvd.	3050 Biscayne Blvd.
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc. Suite 305
City & State Miami, FL.	City & State Miami, FL
Zip 33137 Country USA	Zip 33137 Country USA.

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

MEDINA, RAUL
1201 SW 23 RD ST
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name DR. MANUEL LAUREANO-VEGA
Street Address (P.O. Box Number is Not Acceptable)
3050 BISCAYNE Blvd.
Suite 305
City Miami FL Zip Code 33137

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 DR. MANUEL LAUREANO-VEGA. DIRECTOR Feb. 26, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMAN, EMERITA 1342 SW 4 STREET #6 MIAMI, FL 33135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. MANUEL LAUREANO-VEGA. 3050 Biscayne Blvd. Suite 305 Miami, FL. 33137 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURBELO, JOHNNY M 225 NE 34 STREET, #207 MIAMI, FL 33137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENELAS, Luis 1901 SW 1 ST. Miami, FL. 33145 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ARMANDO 2528 SW 16 ST MIAMI, FL 33145	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDINA, RAUL 1201 SW 23 RD ST MIAMI, FL 33145	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, JULIO 12308 SW 131 STREET MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Julio S. Gonzalez 2/28/03 305-496-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #