

2001 UNIFORM BUSINESS REPORT (UBR)

0003888

DOCUMENT # N00000005500

1. Entity Name

HISPANIC COALITION FOR EDUCATIONAL EXCELLENCE, INC.

FILED

02 NOV -4 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

260 E. COLONIAL DR.
ORLANDO FL 32801

Mailing Address

200 E. COLONIAL DR.
ORLANDO FL 32801

2. Principal Place of Business

120 Benedict Wy.

3. Mailing Address

4546 South Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#515

DO NOT WRITE IN THIS SPACE

City & State

Casselberry, FL

City & State

Orlando, FL

4. FEI Number

N/A

Applied For

Not Applicable

Zip

32707

Country

U.S.

Zip

32822

Country

USA

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

CINTRON, ROLANDO
20 W. LUCERNE CIR., #403
ORLANDO FL 32801

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

Rolando Cintron

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

After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSA, ENID
6012 FOLKSTONE LN.
ORLANDO FL 32826

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CINTRON, ROLANDO
20 W. LUCERNE CIR.
ORLANDO FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REYES, ROSALIE
720 BENEDICT WY
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILANO, TARCIS
5014 DOCKSIDE DR.
ORLANDO FL 32822

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
11/04/02 01061 015-300-28

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 02

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

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

TITLE
NAME
STREET ADDRESS
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

Rolando Cintron

10-24-01

(407)

482-6321-W

CR2E01 (5/01)