

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000825

1. Entity Name

THE FLORIDA ASSOCIATION OF HISPANIC SCHOOL ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

6529 HIDDEN BEACH CIR.  
ORLANDO FL 32819

6529 HIDDEN BEACH CIR.  
ORLANDO FL 32819

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

59-36 71730

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

DIAZ, ANNA D  
6529 HIDDEN BEACH CIR.  
ORLANDO FL 32819

Name OSCAR L AGUIRRE

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

900 Engel Dr.

Orlando, FL 32807

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

*Oscar L Aguirre*

1-21-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME DIAZ, ANNA D  
STREET ADDRESS 6529 HIDDEN BEACH CIR.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE DV  
NAME NEGRON, EDNA  
STREET ADDRESS 14741 BURNTWOOD CIR.  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE DS  
NAME VEGA, MARGARITA  
STREET ADDRESS 414 SEVILLE AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE DP  
NAME AGUIRE, OSCAR  
STREET ADDRESS 2645 CEDAR BUFF LN.  
CITY-ST-ZIP OCOEE FL 34761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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:

*Oscar L Aguirre*

1-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

02-07-2002 90320 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)