

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90185 031 ****61.25

DOCUMENT # N01000000825

1. Entity Name

THE FLORIDA ASSOCIATION OF HISPANIC SCHOOL ADMINISTRATORS, INC.



Principal Place of Business

6529 HIDDEN BEACH CIR.
ORLANDO FL 32819

Mailing Address

6529 HIDDEN BEACH CIR.
ORLANDO FL 32819

2. Principal Place of Business

Engelwood Elm
Suite, Apt. #, etc.

3. Mailing Address

800 Canal Dr
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

Country

32807 Orange

Zip

Country

4. FEI Number 59-3671730

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, OSCAR L
900 ENGEL DR
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name Dr. Sonia B. Warner

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

1221 Brick Rd.

City

Winter Garden

FL

Zip Code

34787

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

Sonia B. Warner Sonia B Warner

8/26/03

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 10, 2003, min will be \$236.25

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DR ☐ Change ☒ Addition
NAME SONIA B. WARNER
STREET ADDRESS 9215 Palos Verde Dr.
CITY-ST-ZIP Orlando, FL 32825

TITLE DT ☐ Change ☒ Addition
NAME Rolando Rivera
STREET ADDRESS 1911 Chathamoor DR
CITY-ST-ZIP Orlando, FL 32835-6190

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

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

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

TITLE ☐ Change ☐ 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:

Sonia B. Warner

8/26/03

407-877-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0004897