

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

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90012 031 ****61.25

DOCUMENT # N01000001273

1. Entity Name

HERENCIA LATINA INC.



Principal Place of Business

**709 NW 84TH ST
GAINESVILLE FL 32607**

Mailing Address

**709 NW 84TH ST
GAINESVILLE FL 32607**



☐ CHECK HERE IF MAKING CHANGES

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 **59-3700946**

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

**CUENCA, CARMEN
709 NW 84TH ST
GAINESVILLE FL 32607**

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. I am familiar with, and accept the obligations of registered agent.

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	AGUIRRE, MIGUEL D.M.D.	
STREET ADDRESS	709 NW 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERO, MYRNA CABRERA M.A.E.D	
STREET ADDRESS	709 NW 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CUENCA, CARMEN	
STREET ADDRESS	709 NW 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERALTA, REGINO G	
STREET ADDRESS	709 NW 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REYES, ANGEL	
STREET ADDRESS	709 NW 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RABEL, PACO	
STREET ADDRESS	709 NW 84TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	SANTANA, WANDA D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	709 NW 84TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ITURRASPE, M.ELENA	
STREET ADDRESS	709 NW 84TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03 352-331-7841

/Date

Daytime Phone #

CR2E037 (4/03)