

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90412 027 \*\*\*\*61.25

0073878

**DOCUMENT # NO2000000828**

1. Entity Name

**HISPANIC RESOURCE LINK INC.**



Principal Place of Business

**12803 DOWNSTREAM CIRCLE  
ORLANDO FL 32828**

Mailing Address

**12803 DOWNSTREAM CIRCLE  
ORLANDO FL 32828**

2. Principal Place of Business

**2511 Brookstone DR**

3. Mailing Address

**2511 Brookstone DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

City & State

**Kissimmee, FL**

Zip

Country

**34744**

Zip

Country

**34744**

4. FEI Number

**412027048**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CINTRON, ROLANDO  
100 E ANDERSON ST, SUITE #1103  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, DANNY I	
STREET ADDRESS	12803 DOWNSTREAM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, KATHRYN J	
STREET ADDRESS	12803 DOWNSTREAM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ORTEGA, BLANCA E	
STREET ADDRESS	12803 DOWNSTREAM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, DANNY I	
STREET ADDRESS	2511 BROOKSTONE DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, KATHRYN J.	
STREET ADDRESS	2511 BROOKSTONE DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
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		
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**

**4-29-03**

**407-344-2305**

CR2E037 (10/02)