

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90165 046 ****70.00

DOCUMENT # N02000001145

1. Entity Name
HOUSING AND EDUCATION ALLIANCE, INC.



Principal Place of Business

**550 N. REO ST.
TAMPA FL 33609**

Mailing Address

**550 N. REO ST.
TAMPA FL 33609**

2. Principal Place of Business

**550 N REO ST
Suite, Apt. #, etc.
#300**

3. Mailing Address

**550 N REO ST
Suite, Apt. #, etc.
#300**



☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
43-1963410

Applied For
Not Applicable

Zip
33609 Country
HILLS

Zip
33609 Country
HILLS

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, SYLVIA A
550 N. REO ST.
TAMPA FL 33609**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Delete
NAME **SYLVIA A. ALVAREZ**
STREET ADDRESS **550 N. REO ST #300**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **TREASURER** ☐ Delete
NAME **MARGE CALABRO**
STREET ADDRESS **550 N REO ST #300**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **SECRETARY** ☐ Delete
NAME **NICHOLE ALVAREZ-SOWLES**
STREET ADDRESS **550 N REO ST #300**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **DIR** ☐ Delete
NAME **MERCY DI MAIO**
STREET ADDRESS **550 N REO ST #300**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **DIR** ☐ Delete
NAME **SANDRA FERNANDEZ-LOPEZ**
STREET ADDRESS **300 N REO ST #300**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **DIR** ☐ Delete
NAME **JACKIE ROJAS**
STREET ADDRESS **300 N REO ST #300**
CITY-ST-ZIP **TAMPA FL 33609**

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: *[Signature]*

1-28-03

CR2E037 (10/02)