

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90211 012 ****61.25

DOCUMENT # N05296

1. Entity Name

THE HISPANIC COUNCIL OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**1260 VESPER DR
 FT MYERS FL 33901
 US**

Mailing Address

**P O BOX 1226
 FT MYERS FL 33902
 US**

2. Principal Place of Business

3301 SE 16th Place
 Suite, Apt. #, etc.

3. Mailing Address

3301 SE 16th Place
 Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

59-2433506

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MARY GIGLIA
 1260 VESPER DR.
 FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

Aurora Abad

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

3301 SE 16th Place

City

Cape Coral

FL

Zip Code

33904

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

Aurora Abad

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 30, 2001

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

TITLE **SD** ☐ Delete
 NAME **MAURO, MARY**
 STREET ADDRESS **4029 SE 2ND AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **DT** ☐ Delete
 NAME **ABAD, AURORA**
 STREET ADDRESS **3301 SE 16TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **CD** ☒ Delete
 NAME **JOHNSON, MARY G.**
 STREET ADDRESS **1260 VESPER DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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 **DST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **Marta Camino**
 STREET ADDRESS **3301 SE 16th Place**
 CITY-ST-ZIP **Cape Coral, FL 33904**

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:

Aurora Abad **4/30/01 941-542-5608**

CR2E037 (10/00)