

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17555

1. Entity Name

HISPANIC LATIN FIESTA, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90667 025 ****61.25

Principal Place of Business

C/O LINDA HAYES GALLEGOS
7306 SWALLOW RUN
WINTER PARK FL 32792

Mailing Address

C/O LINDA HAYES GALLEGOS
7306 SWALLOW RUN
WINTER PARK FL 32792

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

59-2765744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLEGOS, LINDA HAYES
7306 SWALLOW RUN
WINTER PARK FL 32792

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME RIVERA, MARIA
STREET ADDRESS 3701 T.C.U. BLVD
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ Delete
NAME HERNANDEZ, HUGO
STREET ADDRESS 4845 MYRTLE BAY DR
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ Delete
NAME CORTESE, ALDO
STREET ADDRESS 3783 N. STATE RD 426
CITY-ST-ZIP OVIEDO FL

TITLE P ☐ Delete
NAME GALLEGOS, LINDA HAYES
STREET ADDRESS 7306 SWALLON RUN
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ Delete
NAME CUMMINGS, JOSEFA
STREET ADDRESS 2421 BONNEVILLE DR
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME PALMIRA MORA
STREET ADDRESS 9586 LINGWOOD TRL
CITY-ST-ZIP ORLANDO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 REQUIRED

5/20/01 407-650-9023

CR2E037 (10/00)