

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90182 003 ****61.25

DOCUMENT # N35011

1. Entity Name

SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE.

Principal Place of Business

Mailing Address

10051 MC GREGOR BLVD STE 201
 FORT MYERS FL 33919

10051 MC GREGOR BLVD STE 201
 FORT MYERS FL 33919-1031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0154409

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, JULIE G
1714 CAPE COML PKY E.
CAPE CORAL FL 33904

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 | TRD | <input type="checkbox"/> Delete |
| NAME | DA FROTA, ROBERT | |
| STREET ADDRESS | 7204 SWAN LAKE DR | |
| CITY-ST-ZIP | FT MY | |
| TITLE | PT | <input checked="" type="checkbox"/> Delete |
| NAME | SUAREZ, JULIO G | |
| STREET ADDRESS | 1735 BRANTLEY RD STE 1211 | |
| CITY-ST-ZIP | FT MYERS FL 33907 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | VILLALOBOS, MICHAEL P | |
| STREET ADDRESS | 1819 RHONDA ST | |
| CITY-ST-ZIP | FT. MYERS FL 33901 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | TULP, TIM | |
| STREET ADDRESS | 124 SE. 37 ST | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | FATIMA, MUSTAFA | |
| STREET ADDRESS | 11934 FAIRWAY LAKES DR | |
| CITY-ST-ZIP | FT MYERS FL 33913 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | TORRES, NANCY | |
| STREET ADDRESS | 1719 SE. 12 TERR | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PACHECO, JOSEPH | |
| STREET ADDRESS | 1215 KITTIWAKE CIRCLE | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WELCH, DARLENE | |
| STREET ADDRESS | 1824 SE 8TH STREET | |
| CITY-ST-ZIP | CAPE CORAL, FL 33990 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARMANDO CASANOVA | |
| STREET ADDRESS | 937 CREIGHTON DR. | |
| CITY-ST-ZIP | FT. MYERS, FL 33919 | |
| 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:

Robert Frota TRD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/21/2000 (941) 489-0