

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

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

01-30-2003 90093 018 ****61.25

DOCUMENT # N35011

1. Entity Name
SOUTHWEST FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.



Principal Place of Business
**10051 MC GREGOR BLVD ~~STE 201~~
STE 204
FORT MYERS FL 33919**

Mailing Address
**10051 MC GREGOR BLVD ~~STE 201~~ Ste. 204
FORT MYERS FL 33919**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
Ste. 204

City & State

Zip Country Zip Country

4. FEI Number **65-0154409** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GARCIA, LEONARDO
13222 GREYWOOD CIRCLE
FORT MYERS FL 33912**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VILLALOBOS, P. MICHAEL	
STREET ADDRESS	1819 RHONDA STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOSCHAR, KIMBERLY	
STREET ADDRESS	P.O. BOX 60912	
CITY-ST-ZIP	FORT MYERS FL 33906	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DEARINGER, JEREMY	
STREET ADDRESS	2017 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33901	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Quiñones	
STREET ADDRESS	4046 Del Prado Blvd.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernesto Rolon	
STREET ADDRESS	123 Oakside St.	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlene Welch	
STREET ADDRESS	1824 SE 8th St.	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Vargas	
STREET ADDRESS	6457 Emerald Pines Cir.	
CITY-ST-ZIP	Fort Myers, FL 33912	
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** 1-7-03 239-418-1441

CR2E037 (10/02)