2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 28, 2002 8:00 am
Secretary of State
03-27-2002 90054 034 ****61.25

DOCUMENT # N43108

1. Entity Name
HISPANIC HERITAGE CELEBRATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2393 IMMOKALEE FL 34143	P.O. BOX 2393 IMMOKALEE FL 34143

DO NOT WRITE IN THIS SPACE

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 65-0278507 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAPPALARDO, ANNIE 2775 29TH AVE NE NAPLES FL 34120	Name: Lupita Nava Street Address (P.O. Box Number is Not Acceptable): 2105 W. Immokalee Drive City: Naples, Florida FL Zip Code: 34120

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] 3-13-02
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPD NAME: NAVA, LUPITA STREET ADDRESS: 2105 W. IMM. DRIVE CITY-ST-ZIP: IMMOKALEE FL 34142	☐ Delete	TITLE: President: -D- NAME: NAVA, Lupita STREET ADDRESS: 2105 W. Imm Dr. CITY-ST-ZIP: Immokalee, Fl 34142	☒ Change ☐ Addition
TITLE: S NAME: SIEMIANOWSKI, TOM STREET ADDRESS: 614 S. 5TH STREET CITY-ST-ZIP: IMMOKALEE FL 34142	☒ Delete	TITLE: Secretary NAME: Juanita Paniagua STREET ADDRESS: 310 Alachua Street CITY-ST-ZIP: Immokalee, Fl 34142	☐ Change ☒ Addition
TITLE: PD NAME: PAPPALARDO, ANNIE STREET ADDRESS: 2775 29TH AVE. NE CITY-ST-ZIP: NAPLES FL 34120	☒ Delete	TITLE: Vice President: -D- NAME: Dora Vidaurri STREET ADDRESS: P.O. Box 2525 CITY-ST-ZIP: Immokalee, Fl 34143	☐ Change ☒ Addition
TITLE: TD NAME: DIMAS, OFELIA STREET ADDRESS: 614 S. 5TH STREET CITY-ST-ZIP: IMMOKALEE FL 34142	☐ Delete	TITLE: NAME: SAME -TD- STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (9/01)

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] SIGNATURE REQUIRED Ofelia Dimas 2-26-02 (941)867-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #