

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91724 047 ****70.00

DOCUMENT # N43211

1. Entity Name

HISPANIC AMERICAN ALLIANCE, INC.

Principal Place of Business

Mailing Address

**731 N LIME AVE
SARASOTA FL 34237
US****731 N LIME AVE
SARASOTA FL 34237
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0259106

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

Name

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

City

FL

Zip Code

**HALSTEAD, YOLANDA B.
131 N LIME AVENUE
SARASOTA FL 34237**

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 \$61.259. 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 **D** ☐ Delete
NAME **ROJAS, JESUS**
STREET ADDRESS **2611 STRADFORD DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE ☐ Change ☐ Addition
NAME **Luke Chiu, M.D.**
STREET ADDRESS **9142 16th Ave. Cir N.W.**
CITY-ST-ZIP **Bradenton, FL 34209**TITLE **VP** ☐ Delete
NAME **TINSLEY, MINTON**
STREET ADDRESS **1472 LANDING CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ED** ☐ Delete
NAME **HALSTEAD, YOLANDA B**
STREET ADDRESS **2945 51ST STREET**
CITY-ST-ZIP **SARASOTA FL 34234**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **BIDELMAN, PATRICK**
STREET ADDRESS **108 ORANGE GROVE AVE**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **DONNELLY, CAROL**
STREET ADDRESS **3415 51ST AVE CIRCLE**
CITY-ST-ZIP **BRADENTON FL 34210**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RIVERA, DIEGO RAMOS**
STREET ADDRESS **731 N LIME AVENUE**
CITY-ST-ZIP **SARASOTA FL 34237**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-366-1130

Daytime Phone

CR2E037 (9/01)