

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90292 033 \*\*\*\*70.00

**DOCUMENT # N43211**

1. Entity Name

**HISPANIC AMERICAN ALLIANCE, INC.**



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0259106**

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

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROJAS, JESUS</b>	
STREET ADDRESS	<b>2611 STRADFORD DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TINSLEY, MINTON</b>	
STREET ADDRESS	<b>1472 LANDING CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>HALSTEAD, YOLANDA B</b>	
STREET ADDRESS	<b>2945 51ST STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BIDELMAN, PATRICK</b>	
STREET ADDRESS	<b>108 ORANGE GROVE AVE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DONNELLY, CAROL</b>	
STREET ADDRESS	<b>3415 51ST AVE CIRCLE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERA, DIEGO RAMOS</b>	
STREET ADDRESS	<b>731 N LIME AVENUE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>	

TITLE	<b>DR. LUKE CHIU</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUKE CHIU</b>	
STREET ADDRESS	<b>9142 16TH AVE CIRCLE N.W</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Yolanda B. Halstead Jan 10 - 003

CR2E037 (10/02)