

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44020

1. Entity Name

HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA.

(Handwritten signature/initials)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90047 016 ****61.25

Principal Place of Business

Mailing Address

3700 34TH STREET
SUITE 100
ORLANDO FL 32805
US

~~3700 34TH STREET~~
~~SUITE 100~~
~~ORLANDO FL 32805~~
~~US~~

2. Principal Place of Business

319 N. MAGNOLIA AVE

3. Mailing Address

319 N. MAGNOLIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3103840

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

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

MARTINEZ, HECTOR L
1640 LEE ROAD
WINTER PARK FL 32789

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

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\$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 PD
NAME CALVET, CESAR E
STREET ADDRESS 200 S. ORANGE AVE., TOWER 12
CITY-ST-ZIP ORLANDO FL 32801

☒ Delete

TITLE VP
NAME VINCENT GIANNONI
STREET ADDRESS 319 N. MAGNOLIA AVE.
CITY-ST-ZIP ORLANDO, FL 32801

☐ Change

☒ Addition

TITLE PED
NAME HERNANDEZ, RICK
STREET ADDRESS P O BOX 195155 N/A
CITY-ST-ZIP WINTER SPRINGS FL 32719

☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE PED
NAME TAMAYO, RAIZA
STREET ADDRESS 508 CLIFTON STREET
CITY-ST-ZIP ORLANDO FL 32808

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME LOPEZ, LIA
STREET ADDRESS 1000 N. MAGNOLIA AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME MARTINEZ, HECTOR L
STREET ADDRESS 1000 N. MAGNOLIA AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE AG
NAME GARCIA, MARIO A
STREET ADDRESS 225 EAST ROBINSON ST., STE. 540
CITY-ST-ZIP ORLANDO FL 32801

☐ Delete

TITLE A
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

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

Daytime Phone #

9/11/00 407-740-5077

CR2E037 (5/00)