

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91444 036 \*\*\*\*\*61.25

**DOCUMENT # N44020**

1. Entity Name

**HISPANIC CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.**



Principal Place of Business

**319 N MAGNOLIA AVE  
ORLANDO FL 32801  
US**

Mailing Address

**319 N MAGNOLIA AVE  
ORLANDO FL 32801  
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 **59-3103840**

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

**MARTINEZ, HECTOR L  
1640 LEE ROAD  
WINTER PARK FL 32789**

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

TITLE **VC-D** ☐ Delete  
NAME **VALARINO, LIZETTE**  
STREET ADDRESS **201 S. ROSALIND AVE, 5TH FLOOR**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **CD** ☒ Delete  
NAME **GARCIA, MARIO**  
STREET ADDRESS **ONE SOUTH ORANGE AVE, #401**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **SD** ☒ Delete  
NAME **FARNER, CECILIA**  
STREET ADDRESS **1400 W. FAIRBANKS AVE, #102**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **CE-D** ☐ Delete  
NAME **NOHRA, MAY**  
STREET ADDRESS **10601 W. COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **TD** ☒ Delete  
NAME **GARCIA, VICTOR H**  
STREET ADDRESS **1201 S. ORLANDO AVE, #400**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **LA** ☒ Delete  
NAME **FORSTER, GARY**  
STREET ADDRESS **280 W CANTON AVENUE STE 410**  
CITY-ST-ZIP **WINTER PARK FL 32790**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CE-D** ☐ Change ☐ Addition  
NAME **Willie Irizarri**  
STREET ADDRESS **107 E Hillcrest St.**  
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **SP** ☒ Change ☒ Addition  
NAME **Aileen Cubillos**  
STREET ADDRESS **200 N. Lakemont Ave.**  
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Nohra May**  
STREET ADDRESS **10601 W. Colonial Dr.**  
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **TD** ☒ Change ☐ Addition  
NAME **FARNER, Cecilia**  
STREET ADDRESS **1400 W. Fairbanks Ave. Ste. 102**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **LA** ☒ Change ☒ Addition  
NAME **ARISTIDES DIAZ**  
STREET ADDRESS **425 W. Colonial Dr. Ste 206**  
CITY-ST-ZIP **Orlando, FL 32804**

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:

*Cecilia Farnar*

4/23/03 401-629-1944

CR2E037 (10/02)