

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90018 020 ****61.25

DOCUMENT # N46368

1. Entity Name

HISPANIC BUSINESS INITIATIVE FUND, INC.

Principal Place of Business

Mailing Address

1705 N HOWARD AVE
 TAMPA FL 33607

1705 N HOWARD AVE
 TAMPA FL 33607
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1101 Channelside Dr.

World Trade Center Suite 238

Tampa, Florida

33602

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3130876

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

COHN, VANESSA ESQ
 COHN, GHOHNE, & HENDRIX PA
 705 W AZEELE ST
 TAMPA FL 33606

COHN

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

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
 NAME SD
 VEGA, JUAN ☒ Delete
 STREET ADDRESS 405 N RED ST STE 16
 CITY-ST-ZIP TAMPA FL 33609

TITLE
 NAME SD ☐ Change ☒ Addition
 Alonzo, Ramon E.
 STREET ADDRESS 1101 Channelside Dr
 CITY-ST-ZIP World Trade Center Suite 238

TITLE
 NAME TD
 JIMENEZ, JIMMY ☒ Delete
 STREET ADDRESS 1308 SLEIGH AVE
 CITY-ST-ZIP TAMPA FL 33604

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

TITLE
 NAME PD
 COHN, VANESSA ESQ ☐ Delete
 STREET ADDRESS 705 W AZEELE ST
 CITY-ST-ZIP TAMPA FL 33606

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

TITLE
 NAME VPD ☒ Delete
 CROSSLAND, LIANA
 STREET ADDRESS 401 E JACKSON ST 20TH FLOOR
 CITY-ST-ZIP TAMPA FL 33601-3303

TITLE
 NAME VPD ☐ Change ☒ Addition
 Hale, Mercedes
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME TD ☐ Change ☒ Addition
 CARTER, DEBORAH
 STREET ADDRESS 2105 N Nebraska Ave
 CITY-ST-ZIP Tampa, FL 33602

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

813

902-8804

CR2E037 (9/01)