2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State
07-17-2000 90014 050 ****70.00

DOCUMENT # N92000000448

1. Entity Name

HISPANIC SERVICES COUNCIL, INC. ✓

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2700 NORTH MCDILL AVENUE STE 104 TAMPA FL 33607 US	2700 NORTH MCDILL AVENUE STE 104 TAMPA FL 33607 US

2. Principal Place of Business	3. Mailing Address
2700 NORTH MACDILL AVENUE	2700 NORTH MACDILL AVENUE
Suite, Apt. #, etc.: Suite 106	Suite, Apt. #, etc.: SUITE 106
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33607 Country: Hillsborough	Zip: 33607 Country: Hillsborough

4. FEI Number: 59-3198934 ☐ 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
PINZON, MARIA F. 2700 NORTH MCDILL AVENUE STE 104 TAMPA FL 33607	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. ☐ **$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 / STREET ADDRESS / CITY-ST-ZIP	PD DOMINGUEZ, MARGUERITA 2700 N MACDILL AVE STE 104 TAMPA FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALDEZ, MICHAEL 2700 N MACDILL AVE., Suite 106 TAMPA, FL 33607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALDIZ, MICHAEL 2700 N MACDILL AVE., SUITE 104 TAMPA FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Williams, Diane, Ph.D 2700 N MACDILL AVE., Suite 106 TAMPA, FL 33607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NESMAN, EDGAR 2700 N MACDILL AVENUE, STE 104 TAMPA FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOMINGUEZ, MARGARITA 2700 N MACDILL AVE., Suite 106 TAMPA, FL 33607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, DIANE PMD 2700 N MACDILL AVE STE 104 TAMPA FL 33607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROLYN DEESE 2700 N MACDILL AVE., Suite 106 TAMPA, FL 33607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: Maria F. Pinzon MARIA F. PINZON 7-10-00 813-876-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #