

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001179

1. Entity Name

ALLIANCE OF HISPANICS OF THE SPACE COAST, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90057 020 ****61.25

Principal Place of Business P.O. BOX 61527 PALM BAY FL 32906-1527 US	Mailing Address P.O. BOX 61527 PALM BAY FL 32906-1527 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3178045	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESPARZA, FERNANDO JR
 540 4TH AVE
 SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name: **TONY CORTES**
 Street Address (P.O. Box Number is Not Acceptable): **620 PELICAN DRIVE**
 City: **SATELLITE BEACH** FL Zip Code: **32937**

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: **TONY CORTES** DATE: **2-21-2000**

Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESPARZA, FERNANDO JR	
STREET ADDRESS	410TH AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, JUAN	
STREET ADDRESS	6790 BAB COCK ST S E	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOLIZ, DOROTHY	
STREET ADDRESS	3730 HARDWOOD CT.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PUGLIESE, KAREN	
STREET ADDRESS	939 RALEIGH RD S E	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JORGE	
STREET ADDRESS	1183 HOMER ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY CORTES	
STREET ADDRESS	620 PELICAN DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODOLFO ALVAREZ	
STREET ADDRESS	1579 ALEXIS TER. SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA GOLUSKIN	
STREET ADDRESS	178 BROWNING AVE. NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN MARRERO	
STREET ADDRESS	6790 BABCOCK ST. SE	
CITY-ST-ZIP	PALM BAY 32909	
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: **TONY CORTES** DATE: **2-21-2000** (321) 777-1792

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)