

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

03-27-2001 90019 020 ****61.25

DOCUMENT # N93000001179
 1. Entity Name
ALLIANCE OF HISPANICS OF THE SPACE COAST, INC.

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3178045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORTES, TONY
620 PELICAN DR
SATELLITE BEACH FL 32937

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 type="checkbox"/> Delete
NAME	CORTES, TONY	
STREET ADDRESS	620 PELICAN DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD MARTINEZ CARLOS	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, ROBERTO	
STREET ADDRESS	1579 ALEXOS TERR SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOLUSKIN, PATRICIA	
STREET ADDRESS	178 BROWNING AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PUGLIESE, KAREN	
STREET ADDRESS	939 RALEIGH RD S E	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARRERO, JUAN	
STREET ADDRESS	6790 BABCOCK ST SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ CARLOS	
STREET ADDRESS	1628 CARBONDALE AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YALINDA NIEVES	
STREET ADDRESS	199 BILLIAR AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONIA GUERAO	
STREET ADDRESS	1495 PACE DR NW	
CITY-ST-ZIP	PALM BAY FL 32907	
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* 3-22-01 (32) 772-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)