

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90142 031 ****61.25

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DOCUMENT # N93000003309

1. Entity Name

HISPANIC HERITAGE SCHOLARSHIP FUND, INC.

Principal Place of Business

4011 WEST FLAGLER STREET
 STE #204
 MIAMI FL 33134
 US

Mailing Address

4011 WEST FLAGLER STREET
 STE #204
 MIAMI FL 33134
 US

2. Principal Place of Business

Suite, Apt. #, etc.
503

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.
503

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0428542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ELOY
4011 WEST FLAGLER STREET
SUITE 204
MIAMI FL 33134

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 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

TITLE	D <input type="checkbox"/> Delete
NAME	VAZQUEZ, ELOY
STREET ADDRESS	4011 WEST FLAGLER STREET, #204
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	GONZALEX, LEVY S
STREET ADDRESS	300 NE 2 AVE
CITY-ST-ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> Delete
NAME	SIMMS, GERARDO
STREET ADDRESS	99 NE 4 ST
CITY-ST-ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> Delete
NAME	VOLSKY, GEORGE
STREET ADDRESS	1008 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Eduardo Mendoza
CITY-ST-ZIP	4011 W Flagler St No. 503 Miami, Fl. 33134
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:

EDUARDO MENDOZA

4/18/01

305 541 5023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
N93000003309
~~1030003309~~
750019

