

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90171 030 ****61.25

DOCUMENT # N93000003309

1. Entity Name

HISPANIC HERITAGE SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

4011 WEST FLAGLER STREET
 STE #503
 MIAMI FL 33134
 US

4011 WEST FLAGLER STREET
 STE #503
 MIAMI FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

VAZQUEZ, ELOY
4011 WEST FLAGLER STREET
SUITE 503
MIAMI FL 33134

Name **Eloy Vazquez**
 Street Address (P.O. Box Number is Not Acceptable)
4011 West Flagler St No. 503
 City **Miami** FL Zip Code **33134**

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 **D** ☐ Delete
 NAME **VAZQUEZ, ELOY**
 STREET ADDRESS **4011 WEST FLAGLER STREET, #204**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☒ Delete
 NAME **GONZALEX, LEVY S**
 STREET ADDRESS **300 NE 2 AVE**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Change ☒ Addition
 NAME **Raquel Switzer**
 STREET ADDRESS **1390 S. Dixie Hwy, Coral Gables**
 CITY-ST-ZIP **Fl. 33146**

TITLE **D** ☒ Delete
 NAME **SIMMS, GERARDO**
 STREET ADDRESS **99 NE 4 ST**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Change ☒ Addition
 NAME **Miriam Rosquete**
 STREET ADDRESS **95 Merrick Way**
 CITY-ST-ZIP **Coral Gables, Fl 33134**

TITLE **D** ☒ Delete
 NAME **VOLSKY, GEORGE**
 STREET ADDRESS **1008 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **Irela Diaz**
 STREET ADDRESS **5130 SW 5th Ter**
 CITY-ST-ZIP **Miami, Fl. 33134**

TITLE **D** ☐ Delete
 NAME **MENDOZA, EDUARDO**
 STREET ADDRESS **4011 WEST FLAGLER STREET NO 503**
 CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ELOY VAZQUEZ 4/9/02 (305) 541-5023

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/01)