

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90326 027 \*\*\*\*61.25

**DOCUMENT # N93000003309**

1. Entity Name

**HISPANIC HERITAGE SCHOLARSHIP FUND, INC.**



Principal Place of Business

**4011 WEST FLAGLER STREET  
STE #503  
MIAMI FL 33134  
US**

Mailing Address

**4011 WEST FLAGLER STREET  
STE #503  
MIAMI FL 33134  
US**

**40009074**



2. Principal Place of Business

**5040 NW 7 ST**

3. Mailing Address

Suite, Apt. #, etc.

**690**

City & State

**MIAMI FL**

Zip

**33126**

Country

**US**

☐ CHECK HERE IF MAKING CHANGES

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 3430 E 1 AVE**

**SUITE 503**

**MIAMI FL 33134**

**HAIALEAN, FL 33013**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Eloy Vazquez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4/23/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |  |  |
|----------------|--|--|
| TITLE          | <b>D</b>                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VAZQUEZ, ELOY</b>                   |  |
| STREET ADDRESS | <b>4011 WEST FLAGLER STREET, #204</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                        |  |
| TITLE          | <b>D</b>                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SWITZER, RAQUEL</b>                 |  |
| STREET ADDRESS | <b>1390 S DIXIE HWY</b>                |  |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33146</b>           |  |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete            |
| NAME           | <b>ROSQUETE, MIRIAM</b>                |  |
| STREET ADDRESS | <b>95 MERRICK WAY</b>                  |  |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>           |  |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete            |
| NAME           | <b>MENDOZA, EDUARDO</b>                |  |
| STREET ADDRESS | <b>4011 WEST FLAGLER STREET NO 503</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33134</b>                  |  |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete            |
| NAME           | <b>DIAZ, IRELA</b>                     |  |
| STREET ADDRESS | <b>5130 SW 5TH TER</b>                 |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33134</b>                  |  |
| TITLE          |  | <input type="checkbox"/> Delete            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>DIRECTOR</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SUSAN B. ANGULO</b>          |  |
| STREET ADDRESS | <b>10700 SW 88CT</b>            |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33176</b>           |  |
| TITLE          | <b>DIRECTOR</b>                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>MANUEL A. GARCIA LINARES</b> |  |
| STREET ADDRESS | <b>1215 LISBON STREET</b>       |  |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b>    |  |
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>6010 GRANADA BLVD.</b>       |  |
| STREET ADDRESS | <b>CORAL GABLES, FL 33146</b>   |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>5040 NW 7 ST, N° 690</b>     |  |
| STREET ADDRESS | <b>MIAMI, FL 33126</b>          |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input checked="" 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:

*Eloy Vazquez*  
Signature and typed or printed name of signing officer or director

**4/23/03**

**305 461-1014**

CR2E037 (10/02)