

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001793**

1. Entity Name

HISPANIC AMERICAN POLITICAL ACTION COMMITTEE INC

Principal Place of Business

931 OLD WHITE WAY
WINTER SPRINGS FL 32708

Mailing Address

P.O. BOX 300523
FERN PARK FL 32730

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

59-3242833

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

PAGAN, ANTHONIO R
988 DINERO DRIVE
WINTER SPRINGS FL 32708

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 *Antonio R. Pagan*
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 **MARTINEZ, EDWARD JR**
STREET ADDRESS **931 OLD WHITE WAY**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **PAGAN, ANTONIO RIVERA**
STREET ADDRESS **988 DINERO DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARTINEZ, BLANCA L**
STREET ADDRESS **931 OLD WHITE WAY**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BURGAS, VIOLETA**
STREET ADDRESS **801 QUAIL HOLLOW DRIVE**
CITY-ST-ZIP **ORLANDO FL 32825**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **ACEVEDO, NANCY C**
STREET ADDRESS **1103 WINTER SPRINGS BLVD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GONZALEZ, JAMIE**
STREET ADDRESS **2915 STONE ST**
CITY-ST-ZIP **OVIEDO FL 32765**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 addressee, with all other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90041 003 *****72.50

914198

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)