

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90015 035 ****70.00

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

SIGNATURE

JOSE ANTONIO RIVERA-PAGAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **P** ☐ Delete
 NAME **MARTINEZ, EDWARD JR**
 STREET ADDRESS **931 OLD WHITE WAY**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **VP** ☒ Delete
 NAME **PAGAN, ANTONIO RIVERA**
 STREET ADDRESS **988 DINERO DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32765**

TITLE **VP** ☐ Change ☒ Addition
 NAME **JOSE BRACERO**
 STREET ADDRESS **5282-3 TUNBRIDGE RD.-WELLS LANE**
 CITY-ST-ZIP **ORLANDO, FL. 32812**

TITLE **D** ☐ Delete
 NAME **MARTINEZ, BLANCA L**
 STREET ADDRESS **931 OLD WHITE WAY**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **D** ☒ Delete
 NAME **BURGAS, VIOLETA**
 STREET ADDRESS **801 QUAIL HOLLOW DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☒ Change ☐ Addition
 NAME **PAGAN, ANTONIO RIVERA**
 STREET ADDRESS **988 DINERO DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS, FL. 32708**

TITLE **T** ☒ Delete
 NAME **ACEVEDO, NANCY C**
 STREET ADDRESS **1103 WINTER SPRINGS BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** ☒ Change ☐ Addition
 NAME **GONZALEZ, LAIME**
 STREET ADDRESS **2915 STONE ST.**
 CITY-ST-ZIP **OVIEDO, FL. 32762**

TITLE **D** ☒ Delete
 NAME **GONZALEZ, JAMIE**
 STREET ADDRESS **2915 STONE ST**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Change ☒ Addition
 NAME **CORTES, PEDRO**
 STREET ADDRESS **1604 LITTLE RIVER DRIVE**
 CITY-ST-ZIP **ORLANDO, FL. 32807**

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:

SIGNATURE REQUIRED

9/2/02

407-366 6808

CR2E037 (4/02)