2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400002696

HISPANIC INTERNAL REVENUE EMPLOYEES (HIRE), JACK



FILED Sep 13, 2000 8:00 am Secretary of State 09-13-2000 90047 042 ****61.25

ce of Business	3	Mailing Address .			,				
956 LEBRUN DR. JACKSONVILLE FL 32205 US		P.O. BOX 4185 JACKSONVILLE FL 32201 US			1 110010	ı (8 28 18 18 18 18 18 18 18 18 18 18 18 18 18	(ři Sa rii AS lti	ABIJĀ (1818 A 1118	(848 8111 (85)
Place of Busin	ess	3. Mailing Address							
. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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Zip Country		Zip	Country	Country 5. Ce			<u>'</u>	\$8.75 Add	
		Daylet-wed Ansat			·				
6. Name	and Address of Current	registered Agent	Name		7. Name and	Address of New H	egistered	Agent	
ONG VEDN	ΔN	••	<u> </u>	- <u>.</u>	P.O. Box Numbe	r is Not Acceptable	9)		
RUN DRIVE			`						
NVILLE FL 3	12205		City				FL	Zip Cod	e
named entity	submits this statement for	the purpose of changing its	registered office	or register	ed agent, or both	h, in the state of Flo	rida.		
Signature broad	Or printed teams of required analysis	and title if annicable MOTE	- Pagistarad Agant ein	That use sequired	Luber repetation		DATE		
Signature, typed	ur printeu nama oi registereo agent a	no the if applicable, (40) E	. Hegistered Agent sig	Jirature required	when reinstating)		DATE		
	2000 min. will be \$2	36.25 Trust Fund Co	ntribution.	□ Åd	ded to Fees	De	partmen	t of State	
	OFFICERS AND DIR					ANGES TO OFFICE	RS AND D		
ARMSTRO	run drive	☐ Delete	NAME	S 42	is MATEO 95 SUNBA	un ROAD # E. 32257	601	Change	Addition
VD MARRER 1304,1ND	D, GLADYS EPENDENCE DRIVE	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S Nig	que! Toles 7818 Hun	na	Circle	Change South	Addition
T ALAMO-T 9684 PRI	IRADO, IVETTE TMORE RD E	☐ Delete		7	1	USTRONG Or.		Change	☐ Addition
S JONES, S 5231 OXI	SONJA FORD GABEL LANE WE	☐ Delate	TITLE NAME		c wowite,	2. 7-2-0		☐ Change	☐ Addition
5,1011001	17 Page 1 to VEGV1	☐ Delate	TITLE NAME STREET ADDRES CITY-ST-ZIP	es				Change	☐ Addition
	AND THE RESERVE THE PERSON NAMED IN	☐ Delete	TITLE	s				☐ Change	Addition
	DR. LE FL 32205 Place of Busin #, etc. 6. Name ONG, VERN RUN DRIVE NVILLE FL 3 Pamed entity Signature, typed FILE NOW tember 13, PD ARMSTRO 956 LEBF JACKSOI VD MARRERI 1304,IND ORANGE T ALAMO-T 9684 PRI JACKSOI S JONES, S 5231 OXI	DR. LE FL 32205 Place of Business #, etc. Country 6. Name and Address of Current in the country 6. Name and Address of Current in the country ONG, VERNON RUN DRIVE NVILLE FL 32205 Paramed entity submits this statement for the country submits this	DR. LE FL 32205 P.O. 80X 4185 JACKSONVILLE FL 32201 US Place of Business #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ONG, VERNON RUN DRIVE NVILLE FL 32205 Panamed entity submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE NOW: FEE IS \$61.25 Trust Fund Co OFFICERS AND DIRECTORS PD ARMSTRONG, VERNON 956 LEBRUN DRIVE JACKSONVILLE FL 32205 VD MARRERO, GLADYS 1304, INDEPENDENCE DRIVE ORANGE PARK FL 32065 T ALAMO-TIRADO, IVETTE 9684 PRITIMORE RD E JACKSONVILLE FL 32257 S Delete JONES, SONJA 5231 OXFORD GABEL LANE WEST JACKSONVILLE FL 32257 Delete	DR. LE FL 32205 P.O. BOX 4185 JACKSONVILLE FL 32201 US AMAILING Apt. #, etc. Suite, Apt. #, etc. City & State Country Count	P.O. BOX 4185 JACKSONVILLE FL 32201 US Place of Business 3. Mailing Address #, etc. City & State Country Zip Country Zip Country 6. Name and Address of Current Registered Agent Name ONG, VERNON RUN DRIVE NVILLE FL 32205 Signature, typed or printed name of registered agent and size if application. FILE NOW: FEE IS \$61.25 tember 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS P.D. Election Campaign Financing Trust Fund Contribution. Address (IT): 51.78 AMME SIRET ADDRESS CITY-ST-78 JACKSONVILLE FL 32205 TITLE NAME SIRET ADDRESS CITY-ST-78 JACKSONVILLE FL 32257 S JONES, SONJA S231 OXFORD GABEL LANE WEST JACKSONVILLE FL 32257 Delete TITLE NAME SIRET ADDRESS CITY-ST-78 STRET ADDRESS CITY-ST-78 JCH NAME SIRET ADDRESS CITY-ST-78 STRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 STRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 STRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 Delete TITLE NAME SIRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 TITLE NAME SIRET ADDRESS CITY-ST-78 Delete TITLE NAME SIRET ADDRESS CITY-ST-78 Delete TITLE NAME SIRET ADDRESS CITY-ST-78 Delete	DR. LE FL 32205 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201 JACKSONVILLE FL 32201 JACKSONVILLE FL 32207 JONES SONJA S231 OXFORD GABEL LANE WEST JACKSONVILLE FL 32257 JONES SONJA S231 OXFORD GABEL LANE WEST JACKSONVILLE FL 32257 JONES SONJA STRET ADDRESS JACKSONVILLE FL 32257 JONES SONJA STRET ADDRESS JACKSONVILLE FL 32257 Delete JACKSONVILLE FL 32257 JONES SONJA STRET ADDRESS JONES STRET ADDRESS JONES SONJA STRET ADDRESS JONES JACKSON JACKSONJA STRET ADDRESS JACKSON JACKSON JACKSON JACKSON JACKSON JACKSON JACKSON JACKSON JACKSON JACKSO	DR P.O. 80X 4185 JACKSONVILLE FL 32201 US Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. FEI Number 59-3228015 Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New F. Name Name Name NRIN ORIVE NVILLE FL 32205 City Dipmans, typed or printed need of implicate agens and title if applicable. PLE NOW: FEE IS \$61.25 Tember 13, 2000 min. will be \$236.25 P. Election Campaign Financing Thus Fund Contribution. Delete This ADDITIONS/CHANGES TO OFFICE ADDITIONS	DR. P.O. BOX 4185 JACKSOWILLE FL 32201 US Place of Business 3. Mailing Address Suffa, Apt. #, etc. City & State Country Zip Country Zip Country 3. Certificate of Status Dosired 6. Name and Address of Current Registered Agent Name Characteristics Street Address (P.O. Box Number is Not Acceptable) City FL Institute FL 32205 City FL Institute FL 32205 Proceed Agent Speaker	DR P.O. BOX 4185 JACKSONVILLE FL 32201 US PAGE OF Submines Subsite April 9, otc. Chy & State Chy & Country Street Address (P.O. Box Number is Not Acceptable) Name NNILLE FL 32205 City City City City City City City Cit

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:

9-12-0

904-665-0646