

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004777

1. Entity Name

HISPANIC BUSINESS INITIATIVE FUND OF GREATER ORL

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90007 042 ****61.25

Principal Place of Business

Mailing Address

3700 34TH ST
STE 100
ORLANDO FL 32805
US

3700 34TH ST
STE 100
ORLANDO FL 32805-6613
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

59-3341405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, JOSE
3700 34TH ST
STE 100
ORLANDO FL 32805

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

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 C ☐ Delete
NAME SANTIAGO, CONRAD
STREET ADDRESS 326 NEW WATERFORD PLACE
CITY-ST-ZIP LONGWOOD, FL FL 32779

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

TITLE D ☐ Delete
NAME RODON, GEORGE
STREET ADDRESS 201 ROSALIND AVE
CITY-ST-ZIP ORLANDO FL 32802

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

TITLE T ☐ Delete
NAME TORRES, ANIBAL
STREET ADDRESS 2595 ANACONDO TR
CITY-ST-ZIP MAITLAND FL

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

TITLE D ☐ Delete
NAME WETZLER, BARBARA
STREET ADDRESS 2343 CAROLTON RD.
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☐ Delete
NAME GOMEZ, CONSUELO
STREET ADDRESS 8700 RIDGEWOOD AVE #A30
CITY-ST-ZIP CAPE CANAVERAL FL

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

TITLE D ☐ Delete
NAME ZAPATA, IVETTE
STREET ADDRESS 5551 VANGUARD ST, STE 100
CITY-ST-ZIP ORLANDO FL 32819

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)