2001 UNIFORM BUSINESS REPORT (UBR)						FILED				
DOCUMENT # N9500004777 1. Entity Name HISPANIC RUSINESS INITIATIVE FUND OF CREATER ORI ANDO						May 14, 2001 08:00 AM Secretary of State				
HISPANIC BUSINESS INITIATIVE FUND OF GREATER ORLANDO, INC.							~ ****			
Principal Place of Business Mailing Address				-	-					
3700 34TH ST STE 100		3700 34TH ST STE 100								
ORLANDO	FL	ORLANDO		FL						
32805	us	32805	US							
2. Principal Place of Business 3. Mailing Address				-	<u></u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· ·			DO NOT WRITE IN THIS SPACE				
City & State	3	City & State	City & State			4. FEI Number Applied For				
ORLANDO	FL	ORLANDO		FL	59-3341	405		No	t Applicable	
Zip 32801	Country			ntry	5. Certificate of Status Desired		S8.75 Additional Fee Required			
	6. Name and Address of Currer		7. Name and Address of New Registered Agent							
Name of the second seco					ne RNANDEZ JOSE					
FERNANDEZ JOSE 3700 34TH ST				Street Address (P.O. Box Number is Not Acceptable)						
STE 100				319 NOI	RTH MAGNOLIA AVEN	<u>UE</u>				
ORLANDO FL									ļ	
32805 US							Zip Code 32801			
8. The above	named entity submits this statement	for the purpose of changing its	registere			th, in the state of Florida	l.	[.32001		
	•		ŭ		3 , , , ,	,			1	
		•						2004		
SIGNATURE _	Street as head as a little and)5/14/ ₂	2001		
	Signature, typed or printed name of registered age	ent and tue ir applicable. (NOTE	: Registered	Agent signat	ure required when reinstating)		DATE			
						\$ 11 m				
FILE NOW: 9. Election Campaign Finan Trust Fund Contribution.				ng 🗆	\$5.00 May Be Added to Fees			ayable to of State		
Marian Marian Marian	The state of the s					the state of the s		en same er enderstelle i vive		
10.	OFFICERS AND I		11.		ADDITIONS/CH	ANGES TO OFFICERS	AND DIR	ECTORS IN	10	
TITLE	D	☐ Delete	TITLE		D			X Change	☐ Addition	
NAME	ZAPATA IVETTE		NAME			UIS				
STREET ADDRESS CITY-ST-ZIP	5551 VANGUARD ST, STE 100 ORLANDO	FL 32819	1	ET ADDRESS -ST-ZIP	1640 LEE ROAD WINTER PARK		FL 3	2792		
			_			<u> </u>				
TITLE NAME	D COMEZ CONSTITU	☐ Delete	TITLE		O EEDNIANDEZ K	ACT.		X Change	☐ Addition	
STREET ADDRESS	GOMEZ CONSUELO 8700 RIDGEWOOD AVE #A30		NAME	ET ADDRESS	FERNANDEZ JO 3202 FAIRFIELD DRI	OSE VF				
CITY-ST-ZIP	CAPE CANAVERAL	FL		ST-ZIP	KISSIMMEE	• E	FL 3	4743		
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	
NAME	WETZLER BARBARA	□ Delete	NAME					Change	Addition	
STREET ADDRESS	2343 CAROLTON RD.			ET ADDRESS						
CITY-ST-ZIP	MAITLAND	FL 32751	CITY-	ST-ZIP						
TITLE	T	☐ Delete	TITLE		D			X Change	☐ Addition	
NAME	TORRES ANIBAL		NAME	•	TORRES ANII	BAL		_ ·		
STREET ADDRESS	2595 ANACONDO TR		STREE	ET ADDRESS	2595 ANACONDO TR					
CITY-ST-ZIP	MAITLAND	FL	ÇITY-	-ST-ZIP	MAITLAND		FL 3	2751		
TITLE	D	☐ Delete	- TITLE		D			X Change	☐ Addition	
NAME	RODON GEORGE		NAME	1	BLANCA TON	Y				
STREET ADDRESS	201 ROSALIND AVE			ET ADDRESS	400 S ORANGE AVEN					
CITY-ST-ZIP	ORLANDO	FL 32802	CITY-	-ST-ZIP	ORLANDO			2801		
TITLE	C	☐ Delete	TITLE		D			X Change	☐ Addition	
NAME	SANTIAGO CONRAD		NAME		1	NDA N				
STREET ADDRESS CITY-ST-ZIP	326 NEW WATERFORD PLACE	FI 20000		ET ADDRESS	5600 LAKE ELLENOI		स्य १	2000		
0111-01-41F	LONGWOOD, FL	FL 32779	GHY-	-ST-ZIP	ORLANDO		FL 3	2809		

12. I hereby certify that the information supplied with this filling 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.

05/14/2001