

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90093 006 ****61.25

DOCUMENT # N95000004777

1. Entity Name

**HISPANIC BUSINESS INITIATIVE FUND OF GREATER
ORLANDO, INC.**



Principal Place of Business

**319 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801
US**

Mailing Address

**319 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801
US**

2. Principal Place of Business

315 E. Robinson St.

Suite, Apt. #, etc.

190

City & State

Orlando FL

Zip

32801

Country
USA

3. Mailing Address

315 E. Robinson St.

Suite, Apt. #, etc.

190

City & State

Orlando FL

Zip

32801

Country
USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-3341405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, JOSE
319 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Jorge Franchi**

Street Address (P.O. Box Number is Not Acceptable)

315 E. Robinson St. Suite 190

City

Orlando

FL

Zip Code

32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GONZALEZ, LINDA**
STREET ADDRESS **5600 LAKE ELLENOR**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Delete
NAME **BLANCA, TONY**
STREET ADDRESS **400 S ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **TORRES, ANIBAL**
STREET ADDRESS **2595 ANACONDO TR**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **O** ☒ Delete
NAME **ROMERO, RAFAEL A**
STREET ADDRESS **319 N. MAGNOLIA AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **MARTINEZ, LOUIS**
STREET ADDRESS **1640 LEE ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **P** ☐ Change ☒ Addition
NAME **Jorge Franchi**
STREET ADDRESS **315 E. Robinson St. Suite 190**
CITY-ST-ZIP **Orlando, FL 32801**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/04

Daytime Phone #

(407) 428-5872