

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT -7 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004777

1. Entity Name
HISPANIC BUSINESS INITIATIVE FUND OF GREATER
ORLANDO, INC.



Principal Place of Business
315 E. ROBINSON ST.
ORLANDO, FL 32801 US

Mailing Address
319 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801 US

2. Principal Place of Business
Suite, Apt. #, etc.
Ste. #190

3. Mailing Address
315 E. Robinson Street
Suite, Apt. #, etc.
Ste. #190

City & State
Orlando, FL

Zip
32801

Country
US

09272004 Chg-NP CR2E037 (10/03)

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
FRANCHI, JORGE
315 E. ROBINSON ST. SE 190
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Kirsten Palacios

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 *Kirsten Palacios* DATE **09/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LINDA 5600 LAKE ELLENOR ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lizette Valarino 201 Rosalind Ave. Orlando, FL 32802 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCA, TONY 400 S ORANGE AVENUE ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Victor Diaz 1101 N. Lake Destiny Rd. # 105, Maitland, FL 32751 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANIBAL 2595 ANACONDO TR MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mercedes F. McCall 8523 Commodity Circle #100 Orlando, FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETZLER, BARBARA 2343 CAROLTON RD. MAITLAND, FL 32751 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kirsten Palacios 315 E. Robinson St Ste 190 Orlando, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCHI, JORGE 315 E. ROBINSON ST STE 190 ORLANDO, FL 32801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700041631537 10/06/04--01012--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, LOUIS 1640 LEE ROAD WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Kirsten Palacios* DATE **09/30/04** DAYTIME PHONE # **(407) 428-5872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR