

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90457 002 ****61.25

DOCUMENT # N96000000557

1. Entity Name

ALIANZA CIVICA HISPANA DE LA FLORIDA CENTRAL, IN C.



Principal Place of Business

**6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809**

Mailing Address

**6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 170

Suite, Apt. #, etc.

Suite 170

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3477083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CEPERO, ANGEL

**6220 S. ORANGE BLOSSOM TRL., STE. 142
ORLANDO FL 32809**

Name

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

City

FL

Suite 170

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CEPERO, ANGEL**
STREET ADDRESS **7809 SNOWBERRY CIR.**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **9516 QUEENBURY ST**
STREET ADDRESS **WINDERMERE FL 34786**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BUSTAMANTE, HIRAM**
STREET ADDRESS **8658 CURRY FORD RD.**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☐ Delete
NAME **PAYAS, ARMANDO**
STREET ADDRESS **1018 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **RIVERO, JOSE L**
STREET ADDRESS **15 PINE ARBOR DR**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **D** ☐ Delete
NAME **LORENZO, CARLOS**
STREET ADDRESS **100 S HUGHEY AVE**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **SERRANO, WALDEMAR**
STREET ADDRESS **143 KNIGHTS HOLLOW DR**
CITY-ST-ZIP **APOPKA FL 32712**

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 thereof 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

4/25/03

407-812-1906

CR2E037 (10/02)