

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000001177**

1. Entity Name  
**Center for Hispanic Research and Development, Inc.**  
 Principal Place of Business  
**130 Longhill Rd. # 2**  
**Little Falls, NJ 07424**  
 Mailing Address  
**c/o Diego Turcios**  
**130 Longhill Rd #2**  
**Little Falls, NJ 07424**

**FILED**  
**00 MAY 31 PM 12:59**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**130 Longhill Rd**  
 Suite, Apt. #, etc.  
**# 2**  
 City & State  
**Little Falls, NJ**  
 Zip  
**07424**  
 Country  
**USA**

3. Mailing Address  
**c/o Diego Turcios**  
**130 Longhill Rd #2**  
 Suite, Apt. #, etc.  
**# 2**  
 City & State  
**Little Falls NJ**  
 Zip  
**07424**  
 Country  
**USA**


4. FEI Number  
**65-0871094**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Diego Turcios**  
**6005 SW 27 St**  
**MIAMI, FL 33155**

7. Name and Address of New Registered Agent  
 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  **05/25/2000**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**FEE IS \$61.25**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President/D.	<input type="checkbox"/> Delete
NAME	Diego Turcios	
STREET ADDRESS	130 Longhill Rd #2	
CITY-ST-ZIP	Little Falls, NJ 07424	
TITLE	D	<input type="checkbox"/> Delete
NAME	Karla Turcios	
STREET ADDRESS	6005 SW 27 St	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SID	<input type="checkbox"/> Delete
NAME	ROSA Zavala	
STREET ADDRESS	7201 Ridge Blvd Apt F5	
CITY-ST-ZIP	Brooklyn NY 11209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**100003272221--6**  
**-05/31/00--01010--012**  
**\*\*\*\*122.50 \*\*\*\*122.50**

**600002594186--9**  
**-07/21/98--01078--001**  
**\*\*\*\*211.25 \*\*\*\*61.25**

*No new fee due even on both parties*

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:  **05/25/2000** **(973) 837-0745**  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)