

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90299 012 ****61.25

DOCUMENT # N97000001177

1. Entity Name

CENTER FOR HISPANIC RESEARCH AND DEVELOPMENT INC

Principal Place of Business

Mailing Address

% DIEGO TURCIOS
 130 LONGHILL RD. #2
 LITTLE FALLS NJ 07424

% DIEGO TURCIOS
 130 LONGHILL RD. #2
 LITTLE FALLS NJ 07424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

TURCIOS, DIEGO I
6005 SW 27TH ST.
MIAMI FL 33155

Name **Diego Turcios**

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

9501 SW 151 Ave

City **MIAMI,**

FL

Zip Code **33196**

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD TURCIOS, DIEGO	<input type="checkbox"/> Delete
STREET ADDRESS	13 LONGHILL RD. #2	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE NAME	D TURCIOS, KARLA	<input type="checkbox"/> Delete
STREET ADDRESS	13 LONGHILL RD. #2	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE NAME	SD ZAVALA, ROSA	<input type="checkbox"/> Delete
STREET ADDRESS	7201 RIDGE BLVD. APT. F5	
CITY-ST-ZIP	BROOKLYN NY 11209	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	130 Longhill Rd	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	130 Longhill Rd	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7201 Ridge Blvd. Apt F5	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
SIGNATURE: DIEGO TURCIOS, President

04/13/01 (973) 837-0745

Date

Daytime Phone #

CR2E037 (10/00)