

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90421 023 \*\*\*\*61.25

**DOCUMENT # N97000001941**

1. Entity Name

**HISPANIC ASSOCIATION OF LUCENT TECHNOLOGIES EMPL**

Principal Place of Business

P.O. BOX 691113  
ORLANDO FL 32869-1113

Mailing Address

P.O. BOX 691113  
ORLANDO FL 32869-1113

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

**59-3450207**

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

**HERCULES, MARIA I  
5436 BAYBERRY HMS RD.  
ORLANDO FL 32811**

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

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 ☒ Delete  
NAME **P/T SANTIAGO, DANIEL E**  
STREET ADDRESS **1954 BRANCHWATER TR.**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☒ Change ☐ Addition  
NAME **P/T Mildred Roman Muniz**  
STREET ADDRESS **PO Box 236**  
CITY-ST-ZIP **Killarney, FL. 34746-0000**

TITLE ☒ Delete  
NAME **V/T STRAUSBAUGH, ELIZABETH M**  
STREET ADDRESS **9834 CAMBERLYE CIRLCE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☒ Change ☐ Addition  
NAME **V/T Anthony Negron**  
STREET ADDRESS **107 Wildwood CT.**  
CITY-ST-ZIP **Kissimmee, FL. 34743-8801**

TITLE ☐ Delete  
NAME **S/T FERRELL, MAGGIE N**  
STREET ADDRESS **160 CLUB VILLAS LANE**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE ☐ Delete  
NAME **T/T HERCULES, MARIA I**  
STREET ADDRESS **5436 BAYBERRY HMS RD.**  
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/01**

Date

**407-290-2182**

Daytime Phone #

CR2E037 (10/00)