

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003928

1. Entity Name

WORLD SPANISH CONGRESS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90015 001 ****61.25

Principal Place of Business

1848 UNIVERSITY DR
PLANTATION FL 33322
US

Mailing Address

PO BOX 8702
FT LAUDERDALE FL 33310-8702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0771591

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLANCO, CARMEN D
1740 S.W. 70TH AVENUE
POMPANO BEACH FL 33068

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 PD ☐ Delete
NAME BLANCO, CARMEN D
STREET ADDRESS 1740 S.W. 70TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33068

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

TITLE VD ☐ Delete
NAME MASSA, EUGENIA
STREET ADDRESS 1740 S.W. 70TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33068

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

TITLE SD ☐ Delete
NAME MARTINEZ, NYDIA
STREET ADDRESS 8307 N.W. 73RD AVENUE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE TD ☐ Delete
NAME GONZALEZ, JORGE L
STREET ADDRESS 13511 S.W. 14TH PLACE
CITY-ST-ZIP DAVIE FL 33325

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 of Blanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2000

1-954

423-0077

CR2E037 (9/99)