

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004204

1. Entity Name

HISPANIC MARKETING & COMMUNICATION ASSOCIATION,

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90017 017 \*\*\*\*\*70.00

0040089

Principal Place of Business

1541 SUNSET DR  
SUITE 201  
CORAL GABLES FL 33143  
US

Mailing Address

1541 SUNSET DR  
SUITE 201  
CORAL GABLES FL 33143  
US

2. Principal Place of Business

11767 S. DIXIE HIGHWAY

3. Mailing Address

P.O. BOX 565891

Suite, Apt. #, etc.

SUITE 363

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

Zip

33256-5891

Country

4. FEI Number

65-0770430

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MAYRA

1541 SUNSET DR

SUITE 201

CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name

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

9811 SW 138 AVENUE

City

MIAMI

FL

Zip Code

33186

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

TITLE: TD  
NAME: BAUER-GONZALEZ, SANDRA  
STREET ADDRESS: 1541 SUNSET DR SUITE 201  
CITY-ST-ZIP: CORAL GABLES FL 33143 ☒ Delete

TITLE: PD  
NAME: DEL VALLE, ELENA  
STREET ADDRESS: 1541 SUNSET DR SUITE 201  
CITY-ST-ZIP: CORAL GABLES FL 33143 ☐ Delete

TITLE: VD  
NAME: GONZALEZ-REY, MAYRA  
STREET ADDRESS: 1541 SUNSET DR SUITE 201  
CITY-ST-ZIP: CORAL GABLES FL 33143 ☐ Delete

TITLE: SD  
NAME: PEREZ, JACK  
STREET ADDRESS: 1541 SUNSET DR SUITE 201  
CITY-ST-ZIP: CORAL GABLES FL 33143 ☒ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD ☐ Change ☒ Addition  
NAME: JOSE P. FERNANDEZ  
STREET ADDRESS: 8031 SW 95 TERRACE  
CITY-ST-ZIP: MIAMI, FL 33155-3443

TITLE: ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS: 11767 S. DIXIE HIGHWAY, #363  
CITY-ST-ZIP: MIAMI, FL 33156

TITLE: ☒ Change ☐ Addition  
NAME:   
STREET ADDRESS: 9811 SW 138 AVENUE  
CITY-ST-ZIP: MIAMI, FL 33186

TITLE: SD ☐ Change ☒ Addition  
NAME: ANTONIO J. MORENO  
STREET ADDRESS: 9907 NW 20 STREET  
CITY-ST-ZIP: PEMBROKE PINES, FL 33024

TITLE: D ☐ Change ☒ Addition  
NAME: GONZALO R. SORUCO  
STREET ADDRESS: 391 SW 190 AVE  
CITY-ST-ZIP: PEMBROKE PINES, FL 33029

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

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:

JOSE P. FERNANDEZ

4-2-01

305-986-4471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)