

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004204

1. Entity Name

HISPANIC MARKETING & COMMUNICATION ASSOCIATION, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90160 030 ****70.00

Principal Place of Business

Mailing Address

11767 S. DIXIE HIGHWAY
SUITE 363
MIAMI FL 33156
US

P O BOX 565891
~~SUITE 201~~
MIAMI FL 33256-5891
US

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

65-0770430

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

GONZALEZ, MAYRA
9811 SW 138 AVENUE
MIAMI FL 33186

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 **TD**
STREET ADDRESS **FERNANDEZ, JOSE P**
CITY-ST-ZIP **8031 SW 35 TERRACE**
MIAMI FL 33155-3443

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DEL VALLE, ELENA**
CITY-ST-ZIP **11767 S. DIXIE HIGHWAY # 363**
MIAMI FL 33156

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GONZALEZ-REY, MAYRA**
CITY-ST-ZIP **9811 SW 138 AVENUE**
MIAMI FL 33186

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MORENO, ANTONIO J**
CITY-ST-ZIP **9907 NW 20 STREET**
PEMBROKE PINES FL 33024

TITLE ☒ Change ☐ Addition
NAME **MORENO, ANTONIO J.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SORUCO, GONZALO R**
CITY-ST-ZIP **391 SW 190 AVE.**
PEMBROKE PINES FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **CHRISTINE CLAVITO-KISH**
CITY-ST-ZIP **13275 SW 137 AVE, SUITE 229**
MIAMI, FL 33186

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

305-264-5577

Date

Daytime Phone #

CR2E037 (9/01)