

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**

**May 02, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90100 001 \*\*\*\*\*8.75

02-18-2000 90100 002 \*\*\*\*\*61.25

**DOCUMENT # N97000006392**

1. Entity Name

**THE HISPANIC CONNECTION INC.**

Principal Place of Business

P.O. BOX 15133  
WEST PALM BEACH FL 33416

Mailing Address

THE HISPANIC CONNECTION  
PO BOX 15133  
WEST PALM BEACH FL 33416-5133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0812979**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, LUZ E BENITEZ  
11922 STAR BRIDGE LANE  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

**CARMEN D. Stratos**

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

**SCOLONIAL CLUB DR. #100**

City

**Boynton Beach**

FL

Zip Code

**33435**

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.

**CARMEN D. Stratos**

SIGNATURE

*Carmen D. Stratos*

**President**

**2/6/2000**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP ☒ Delete  
**BENITEZ DELGADO, F**  
**25 SE AVE E STE 1**  
**BELLE GLADE FL 33430**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DT ☐ Delete  
**RAMIREZ, WILLIAM**  
**7637 BRISTOL BAY LANE**  
**LAKE WORTH FL 33454**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS ☐ Delete  
**MEDINA, ADA**  
**810 DATURA ST**  
**W. PALM BEACH FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D. ☐ Delete  
**Cesar R. Cabral PHD**  
**2247 Palm Lakes Blvd Suite 104**  
**West Palm Beach, FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T ☐ Delete  
**Ida Fitz**  
**3001 forest Blvd.**  
**West Palm Beach, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T ☐ Delete  
**Napier S. Alvestica**  
**810 Datura St**  
**West Palm Beach, FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
**Carmen D. Stratos**  
**SCOLONIAL CLUB DR. #100**  
**Boynton Beach FL 33435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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: *Carmen D. Stratos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**2/6/2000**

Date

**561 355-4744**

Daytime Phone #

CH2E037 (9/99)