

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90054 026 \*\*\*\*61.25

**DOCUMENT # N98000001113**

1. Entity Name

**HISPANIC HERITAGE, INC.**

Principal Place of Business

Mailing Address

4640 SW 64TH AVE  
 DAVIE FL 33314

4640 SW 64TH AVE  
 DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

9900 SUNRISE LAKES BLVD

10117 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

324

City & State

City & State

SUNRISE - FL

SUNRISE - FL

Zip

Zip

33322

33351

Country

Country

FLORIDA

FLORIDA

4. FEI Number

65-0925612

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

**WILLIAMS AVERBUJ, VICTOR**  
**4640 SW 64TH AVE**  
**DAVIE FL 33314**

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	<input type="checkbox"/> Delete
NAME	WILLIAMS AVERAUJ, VICTOR	
STREET ADDRESS	4640 SW 64 AVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CRISTINA	
STREET ADDRESS	2109 NOVA VILLAGE DR	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVERAUJ, PABLO	
STREET ADDRESS	2109 NOVA VILLAGE DR	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER N. AVERBUJ	
STREET ADDRESS	5100 DAVIE RD # 101	
CITY-ST-ZIP	DAVIE - FL - 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Victor Williams Averbuj*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02 (954)634-0643

CR2E037 (9/01)