

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 12, 2000 8:00 am
Secretary of State

03-30-2000 90009 027 ****61.25

DOCUMENT # N99000005276

1. Entity Name

HISPANIC ASSOCIATION OF GREATER JACKSONVILLE, IN

Principal Place of Business

**862 LONG LAKE DR.
 JACKSONVILLE FL 32225**

Mailing Address

**862 LONG LAKE DR.
 JACKSONVILLE FL 32225-5911**

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

59-3598048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required.

6. Name and Address of Current Registered Agent

**CORA, VICTOR M
 11478 ELAINE DR.
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERTO LUGO	"D"
STREET ADDRESS	862 LONG LAKE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	MARCELO CRUZ	"D"
STREET ADDRESS	12681 GANDOLF LN.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SANDRA MORENO	"D"
STREET ADDRESS	1700 S. SAN PABLO RD #370	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JIMMY NAVARRO	"D"
STREET ADDRESS	11101 ATLANTIC BLVD #212	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ROBERTO LUGO

3-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)