

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006190

FILED

00 SEP 13 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TALLAHASSEE HISPANIC EMBRACEMENT ORGANIZATION IN

Principal Place of Business

3747 SHAMROCK ST. WEST
TALLAHASSEE FL 32308

Mailing Address

3747 SHAMROCK ST. WEST
TALLAHASSEE FL 32308

2. Principal Place of Business

579 E. Call St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20173

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee

4. FEI Number

59-3616645

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32316-0173

Country

USA
Leop

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAREZO, PEDRO III
3747 SHAMROCK ST. WEST
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Pedro Narezo III

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

3747 Shamrock St. W.

City

Tallahassee

FL

Zip Code

32308

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
After September 13, 2000 min. will be \$236.25

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 | PD | <input type="checkbox"/> Delete |
| NAME | NAREZO, PEDRO III | |
| STREET ADDRESS | 3747 SHAMROCK ST. WEST | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | REYNOSA, FELIPE | |
| STREET ADDRESS | 3747 SHAMROCK ST. WEST | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BARNARD, PATRICIA | |
| STREET ADDRESS | 3747 SHAMROCK ST. WEST | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CHAVEZ, RAMON | |
| STREET ADDRESS | 3747 SHAMROCK ST. WEST | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| 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 | 400003397904--4 | |
| CITY-ST-ZIP | -09/19/00--01033--016 | |
| | *****61.25 *****61.25 | |
| 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:

Pedro Narezo III, Chair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 893-6089

FORM 7 (5/00)