

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006190

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

Zip

32301

Country

USA

Zip

32316-0173

Country

USA

4. FEI Number

59-361645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 ☐ Delete
NAME NAREZO, PEDRO III
STREET ADDRESS 3747 SHAMROCK ST. WEST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD ☐ Delete
NAME REYNOSA, FELIPE
STREET ADDRESS 3747 SHAMROCK ST. WEST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☐ Delete
NAME BARNARD, PATRICIA
STREET ADDRESS 3747 SHAMROCK ST. WEST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☒ Delete
NAME CHAVEZ, RAMON
STREET ADDRESS 3747 SHAMROCK ST. WEST
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400003397904--4
CITY-ST-ZIP -09/19/00--01033--016
*****61.25 *****61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

CR-2EX 7 (5/00)