

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006840

1. Entity Name

HISPANIC COMMUNITY DEVELOPMENT CORPORATION OF CE

Principal Place of Business

Mailing Address

200 E. COLONIAL DRIVE
ORLANDO FL 32801

200 E. COLONIAL DRIVE
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, LUIS
232 SCOTTSDALE SQ.
WINTER PARK FL 32792

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	VARGAS, MONSERRATE	10250 JEPSON STREET ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	CINTRON, ROLANDO	20 W. LUCERNE CIR., #403 ORLANDO FL 32801	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	VALDES, LUIS	232 SCOTTSDALE SQ. WINTER PARK FL 32792	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SUAREZ, ADEL	5832 PINE GROVE RUN OVIEDO FL 32765	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90005 018 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610866

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E037 (9/99)