2002	2 UNIF	ORM BUS	INE	SS REPO	RT	(UBI	R)	:			•
DOCUMENT # N9900006840 1. Entity Name								FILED			
HISPANIC COMMUNITY DEVELOPMENT CORPORATION OF CE NTRAL FLORIDA, INC.								02 APR 30 AM II: 04			
Principal Place of Business M				Mailing Address				XA	SECRETARY OF LLAHASSEE, F	STATE LORINA	
200 E. COLONIAL DRIVE ORLANDO FL 32801				P.O. BOX 2708 ORLANDO FL 32802					TATEME	3	1-02
				3. Mailing Address							
625 E. COLONIAL DR. Suite, Apt. #, etc.			Su	SAME Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State ORLANDO, FLOUDA				City & State				4. FEI Number	<u>59-3612866</u>	A	pplied For ot Applicable
^{Zip} るる		Country ONAWGE	Zi	р	Co	untry		5. Certificate of S	Status Desired	\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Re				egistered Agent				7. Name and Add	dress of New Registere	d Agent	
VALDES, LUIS 232 SCOTTSDALE SQ. WINTER PARK FL 32792 8. The above named entity submits this statement for the purpose of changing its re						City	22 W/W,	P.O. Box Nymber Is SCOTTSDA TEN PAMP	<i>'LE SQ'</i> ? F	L Zip Cod	- 79ン
SIGNATURE	Ju	printed name of registered agent	lele	Luis	, t	=. <i>U</i>	Ald	ed agent, or both, in		5-03	<u></u>
FILE NOW: FEE IS \$61.25				9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees		eck Payable nent of State	
10.	<u> </u>	OFFICERS AND DI	RECTORS		11.		Α		GES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, MO 10250 JEPSO ORLANDO F	on Street		☐ Delete		-		500	0005492 -05/08/02 ****306.25	010570	123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINTRON, R 20 W. LIUCE ORLANDO F	RNE CIR., #403		☐ Delete			CIN 100	TRON ROL E. ANDER ORLANDO	ANDO ISON ST. # FL: 3281	© Change 1/03 ○ (⊿ -Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, LUI 232 SCOTTS WINTER PAR	DALE SQ.		☐ Delete					Z ME SQ' NK fl. ?		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEPULUEDA 112 WALTON ORLANDO F	HEATH DR.		□ Delete			w			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				-,		☐ Change	Addition
TITLE	I			□ Dolota	TITI	E				Change	□ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

STEPHETISTE FOR THE POLANDO CINTRON APRIL 24, 2002 407-428-9331

CR2E037 (9/01)