## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

ORLANDO FL 32803

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc

2 FLOOR

625 E. COLONIAL DRIVE

## DOCUMENT # N99000006840

1. Entity Name

Principal Place of Business

2. Principal Place of Business

WINTER PARK FL 32792

625 E. COLONIAL DRIVE

Suite, Apt. #, etc.

City & State

Zip

ORLANDO FL 32803

2 FLOOR

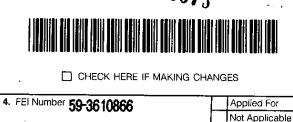
HISPANIC COMMUNITY DEVELOPMENT CORPORATION OF CE NTRAL FLORIDA, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90657 028 \*\*\*\*70.00

69015873



6. Name and Address of Current Registered Agent VALDES, LUIS E 122 SCOTTSDALE SQ.

7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code

5. Certificate of Status Desired

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

\$8.75 Additional

Fee Required

Ē	FILE NOW: FEE IS \$61.25	Trust Fund Contribution.		\$5.00 May Be Added to Fees	Florida Department of State		
10.	OFFICERS AND DIRECTORS	3	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			10	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D VARGAS, MONSERRATE 10250 JEPSON STREET ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Valdes, Luis e 122 Scottsdale Sq. Winter Park Fl. 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEPULUEDA, GEVANNY 112 WALTON HEATH DR. ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	

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

SIGNATURE:

<u> 3- 2/-2003</u>