

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082279

1. Entity Name

HISPANIC HERALDRY AND GENEALOGY RESEARCH CENTER, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90113 014 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4660 SW 72ND AVENUE~~  
~~MIAMI FL 33155~~

~~4660 SW 72ND AVENUE~~  
~~MIAMI FL 33155~~

2. Principal Place of Business

4660 S.W. 72 Avenue

3. Mailing Address

1800 W. 54 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

411

City & State

Miami, FL

City & State

Hialeah, FL

4. FEI Number

65-0770220

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGEN, MAX M ESQ.

~~3990 SHERIDAN STREET~~

~~SUITE 104~~

~~HOLLYWOOD FL 33021~~

Name

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

3531 Griffin Road

City

Fort Lauderdale

Zip Code

33312

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's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) **XX**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD **XX** Delete  
NAME BOUFFARTIQUE, JOSE R  
STREET ADDRESS 1800 WEST 49 STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE PSTD ☒ Change ☐ Addition:  
NAME AMELIA QUINONES  
STREET ADDRESS 1800 W. 54 Street, Suite 411  
CITY-ST-ZIP Hialeah, FL 33012

TITLE CEO **XX** Delete  
NAME QUINONES, AMELIA  
STREET ADDRESS 1800 WEST 54TH STREET #411  
CITY-ST-ZIP HIALEAH FL 33012

TITLE VP ☐ Change ☒ Addition:  
NAME Ana Quinones  
STREET ADDRESS 1800 W. 54 Street, Suite 411  
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

AMELIA QUINONES

21 APRIL 01 3:05 0689575

Date

Daytime Phone #

CR2E034 (10/00)