

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000082279

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: HISPANIC HERALDRY AND GENEALOGY RESEARCH CENTER, INC.

Current Principal Place of Business:

4660 SW 72ND AVENUE
MIAMI, FL 33155

New Principal Place of Business:

1800 W. 54 ST.
411
HIAEAH, FL 33012

Current Mailing Address:

1800 W. 54 STREET
411
HIAEAH, FL 33012

New Mailing Address:

1800 W. 54 ST.
411
HIAEAH, FL 33012

FEI Number: 65-0770220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, MAX M ESQ.
3531 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: QUINONES, ANA
Address: 1800 W. 54 STREET, SUITE 411
City-St-Zip: HIAEAH, FL 33012

Title: PSTD () Delete
Name: QUINONES, AMELIA
Address: 1800 W. 54 STREET, SUITE 411
City-St-Zip: HIAEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: QUINONES, ANA
Address: 1800 W. 54 ST. # 411
City-St-Zip: HIAEAH, FL 33012

Title: PSTD (X) Change () Addition
Name: QUINONES, AMELIA
Address: 1800 W. 54 ST. # 411
City-St-Zip: HIAEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMELIA QUINONES

PSTD

04/29/2002

Electronic Signature of Signing Officer or Director

Date