

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011345

1. Entity Name

HUMANE MINORITY CENTER GROUP CORP.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90077 016 \*\*\*150.00

Principal Place of Business

Mailing Address

31A East 44 ST  
HIALEAH, FL, 33013

2. Principal Place of Business

11398 W FLAGLER, ST

Suite, Apt. #, etc.

203

City & State

MIAMI, FL,

Zip

33174

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0895528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

730984

6. Name and Address of Current Registered Agent

REINALDO PEDRAZA  
5090 E 8 ct  
HIALEAH, FL, 33013

7. Name and Address of New Registered Agent

Name

MERCEDES IRARRAGORRY

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

5090 E 8 ct

City

HIALEAH

FL

Zip Code

33013

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

4/24/00

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

(NOTE: Registered Agent 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) ☒

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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

TITLE P/D ☒ Delete  
NAME REINALDO PEDRAZA  
STREET ADDRESS 5090 E 8ct  
CITY-ST-ZIP HIALEAH, FL, 33013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D V ☐ Change ☒ Addition  
NAME MERCEDES IRARRAGORRY  
STREET ADDRESS 5090 E 8ct  
CITY-ST-ZIP HIALEAH, FL, 33013

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)