

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003654**

1. Entity Name

**SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90074 024 \*\*\*\*61.25

0002431

Principal Place of Business Mailing Address

1205 LINCOLN ROAD  
SUITE 211  
MIAMI BEACH FL 33139  
US

1205 LINCOLN ROAD  
SUITE 211  
MIAMI BEACH FL 33139  
US

C0006927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0511241**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, LILIAM M  
2457 COLLINS AVE  
#701  
MIAMI BEACH FL 33140

Name

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

City

FL

Zip Code

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 signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMOVICH, ABRAHAM	
STREET ADDRESS	1698 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	C	<input type="checkbox"/> Delete
NAME	DORTA, HUGO E	
STREET ADDRESS	501 BRICKELL AVE., SUITE 600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTBART, MICHAEL	
STREET ADDRESS	2401 COLLINS AVENUE., #C3	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	C	<input type="checkbox"/> Delete
NAME	CHISHOLM, ROBERT E	
STREET ADDRESS	7254 SW 48TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ-JACOBO, RAFAEL	
STREET ADDRESS	780 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, LILIAM M	
STREET ADDRESS	2457 COLLINS AVE., #701	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/00)

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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 (305) 534-1903

Date

Daytime Phone #