

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90043 011 \*\*\*\*61.25

**DOCUMENT # N94000004288**

1. Entity Name  
**HISPANIC AMERICAN FIREFIGHTERS ASSOCIATION, INC.**

Principal Place of Business <b>2250 SW 3 AVE. MIAMI FL 33129 US</b>	Mailing Address <b>2250 SW 3 AVENUE THIRD FLOOR MIAMI FL 33129-2045 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0532141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROJAS, ROBERTO  
 2250 S.W. 3RD AVE.  
 THIRD FLOOR  
 MIAMI FL 33129**

7. Name and Address of New Registered Agent  
 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROJAS, ROBERTO</b>
STREET ADDRESS	<b>2250 SW 3 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHAPELIN, JERRY</b>
STREET ADDRESS	<b>2250 SW 3 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BORGES, ORLANDO</b>
STREET ADDRESS	<b>2250 SW 3 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ULLOA, GEO</b>
STREET ADDRESS	<b>2250 SW 3 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NOCHETA, JOSE</b>
STREET ADDRESS	<b>2250 SW 3 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BALLESTER, EDDY</b>
STREET ADDRESS	<b>2250 SW 3 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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 REQUIRED** **4/30/00 305856-6868**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)