

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90074 014 \*\*\*\*61.25

0039561

**DOCUMENT # N96000006445**

1. Entity Name

**HISPANIC STUDENT FOUNDATION, INC.**

Principal Place of Business

1205 LINCOLN RD  
 211  
 MIAMI BEACH FL 33139  
 US

Mailing Address

C/O MS. LILIAM M. LOPEZ  
 2457 COLLINS AVENUE #701  
 MIAMI BEACH FL 33140

C0006937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0723658

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 AVENUE #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

TITLE  Delete

NAME: P LOPEZ, LILIAM M  
 STREET ADDRESS: 2457 COLLINS AVE 701  
 CITY-ST-ZIP: MIAMI BCH FL

TITLE  Delete

NAME: C MARTINEZ, LAZARO  
 STREET ADDRESS: 1111 LINCOLN RD STE 810  
 CITY-ST-ZIP: MIAMI BCH FL

TITLE  Delete

NAME: D GOMEZ, BERT  
 STREET ADDRESS: 9130 S DADELAND BLVD STE 1803  
 CITY-ST-ZIP: MIAMI FL

TITLE  Delete

NAME: S DORTA, JUGO E  
 STREET ADDRESS: 501 BRICKELL KEY DR STE 300  
 CITY-ST-ZIP: MIAMI FL 33131

TITLE  Delete

NAME: T SARRATT, RAUL  
 STREET ADDRESS: 535 OCEAN DRIVE  
 CITY-ST-ZIP: MIAMI BCH FL 33139

TITLE  Delete

NAME: D BUSTAMANTE, REDOLFO  
 STREET ADDRESS: 1750 JAMES AVE # 4C  
 CITY-ST-ZIP: MIAMI FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Liliam M Lopez* President 1-9-01 (305)534-1923  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)