

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005745

Entity Name: TAMPA HISPANIC BAR ASSOCIATION, INC.**Current Principal Place of Business:**500 N WESTSHORE BLVD SUITE 860
TAMPA, FL 33609**Current Mailing Address:**P. O. BOX 2714
TAMPA, FL 33601**FEI Number: 46-3098503****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLIVEROS, ANDRES N
500 N WESTSHORE BLVD SUITE 860
TAMPA, FL 33609 US*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**Officer/Director Detail :**

Title	TREASURER
Name	VALDES, BART
Address	609 WEST HORATIO ST
City-State-Zip:	TAMPA FL 33606

Title	DIRECTOR
Name	OLIVEROS, ANDRES
Address	P.O. BOX 2714
City-State-Zip:	TAMPA FL 33606

Title	D
Name	PATRICIA , CADAMO
Address	P O BOX 2714
City-State-Zip:	TAMPA FL 33606

Title	PRESIDENT
Name	BERNAL, HERNANDO JR.
Address	6601 MEMORIAL HWY SUITE 218
City-State-Zip:	TAMPA FL 33615

Title	D
Name	BERNAL DIXON, LOURDES
Address	150 E. BLOOMINGDALE AVE. STE. 115
City-State-Zip:	TAMPA FL 33511

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BART R. VALDES**TRESURER****04/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date