

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90501 039 ****61.25

DOCUMENT # N00000002477

1. Entity Name

THE HISPANIC AMERICAN POLICE COMMAND OFFICERS AS

Principal Place of Business

Mailing Address

C/O MICHAEL A. SILVA. ESQ.
201 S. BISCAYNE BLVD., STE. 1500
MIAMI FL 33131C/O MICHAEL A. SILVA. ESQ.
201 S. BISCAYNE BLVD., STE. 1500
MIAMI FL 33131**D0023912**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O MICHAEL SILVA, ESQ.

3. Mailing Address

C/O MICHAEL SILVA, ESQ.

Suite, Apt. #, etc.

#3000

Suite, Apt. #, etc.

#3000**701 BRICKELL AVENUE,****701 BRICKELL AVENUE,**City & State
MIAMI, FLCity & State
MIAMI, FL

4. FEI Number

31-1706814

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., STE. 1500
MIAMI FL 33131

Name

INTRASTATE REGISTERED AGENT CORPORATION

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

701 BRICKELL AVENUE, STE. 3000

City

MIAMI**FL**

Zip Code

33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE BY:

STEVEN H. HAGEN, VP

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/01**FILE NOW:**
FEE IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARCIA, MARIO ☐ Delete
1500 MIAMI CENTER 201 S. BISCAYNE BLVD
MIAMI FL 33131TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERRERA, MIKE ☐ Delete
1500 MIAMI CENTER 201 S. BISCAYNE BLVD
MIAMI FL 33131TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERVIS, MIKE ☐ Delete
1500 MIAMI CENTER 201 S. BISCAYNE BLVD
MIAMI FL 33131TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALEZ, SANDALIO ☐ Delete
1500 MIAMI CENTER 201 S. BISCAYNE BLVD
MIAMI FL 33131TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIRABIE, HECTOR ☐ Delete
1500 MIAMI CENTER 201 S. BISCAYNE BLVD
MIAMI FL 33131TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

STEVEN H. HAGEN, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**23 Feb 2001 305-859-2701**

Date

Daytime Phone #

CR2E037 (10/00)