

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91167 010 \*\*\*\*61.25

**DOCUMENT # N00000002477**

1. Entity Name

**THE HISPANIC AMERICAN POLICE COMMAND OFFICERS AS  
SOCIATION-FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

C/O MICHAEL A. SILVA. ESQ.  
701 BRICKELL AVENUE. #3000  
MIAMI FL 33131

C/O MICHAEL A. SILVA. ESQ.  
701 BRICKELL AVENUE. #3000  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**31-1706814**

Applied For

Not Applicable

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

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, STE. 3000  
MIAMI FL 33131**

Name

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

DE

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** ☒ Delete  
NAME **GARCIA, MARIO**  
STREET ADDRESS **1500 MIAMI CENTER 201 S. BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **HECTOR MIRABILE**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **HERRERA, MIKE**  
STREET ADDRESS **1500 MIAMI CENTER 201 S. BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition  
NAME **HUGO BARRERA**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **HERVIS, MIKE**  
STREET ADDRESS **1500 MIAMI CENTER 201 S. BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **2nd VICE-PRESIDENT** ☐ Change ☒ Addition  
NAME **LUIS G. BAZO**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **GONZALEZ, SANDALIO**  
STREET ADDRESS **1500 MIAMI CENTER 201 S. BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **MIGUEL HERVIS**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete  
NAME **MIRABILE, HECTOR**  
STREET ADDRESS **1500 MIAMI CENTER 201 S. BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **JESUS TORRES**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SERGEANT AT ARMS** ☐ Change ☒ Addition  
NAME **NOEL A. ROSAS**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI, FL 33131**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/3/02**

Date

Residing Phone #

CR2E037 (9/01)