

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005433

1. Entity Name

NATIONAL LATINO PEACE OFFICER'S ASSOCIATION, MIA
MI DADE CHAPTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 668354
MIAMI FL 33166

P.O. BOX 668354
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

02-1153782

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

MARTINEZ, ALEXANDER
18916 BOB-O-LINK DR
MIAMI FL 33015

Name JEFF MALLOW

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

6965 W. 3AVE

City MIALEAH

FL

Zip Code 33064

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

Jeff Mallow

JEFF MALLOW

1-18-2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALLOW, JEFF P.O. BOX 668354 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JENNY P.O. BOX 668354 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATIFY, AWIDA P.O. BOX 668354 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, NELSON P.O. BOX 668354 MIAMI FL 33166	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTRINELLE, JOHN P.O. BOX 668354 MIAMI FL 33166	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTOR RODRIGUEZ, MELISSA 1234567890 PO BOX 668354 MIAMI FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTOR MARTINEZ, JORGE 1234567890 PO BOX 668354 MIAMI FL 33166	☒ Change ☐ Addition
TITLE 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:

Jeff Mallow JEFF MALLOW - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2002

02-05-2002 90056 018 *****61.25

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)