

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90721 001 ****61.25
 05-12-2002 90721 002 *****8.75

DOCUMENT # N01000006584

1. Entity Name

HISPANIC PILOTS ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**1713 W. RIVER DR.
 MARGATE FL 33063**

**1713 W. RIVER DR.
 MARGATE FL 33063**

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

65-1142421

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

**TOLEDO, ROMULO F
 1713 W. RIVER DR.
 MARGATE FL 33063**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **TOLEDO, ROMULO F**
 STREET ADDRESS **1713 W. RIVER DR.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ESCALANTE, LUIS F.**
 STREET ADDRESS **202 BISCAYNE BLVD.**
 CITY-ST-ZIP **ISLA MORADA, FL, 33036**

TITLE **VD** ☐ Delete
 NAME **MARIN, LEONEL**
 STREET ADDRESS **359 CHAMBERLINE AVE.**
 CITY-ST-ZIP **PATERSON NJ 07502**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JOHN J. ECHEVERRY**
 STREET ADDRESS **3610 DARWIN PLACE**
 CITY-ST-ZIP **DULUTH, GA, 30096**

TITLE **TD** ☐ Delete
 NAME **SAMANIEGO, MARIA F**
 STREET ADDRESS **1713 W. RIVER DR.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **EDISON LOPEZ**
 STREET ADDRESS **51 WESTER VLT PL**
 CITY-ST-ZIP **TEANECK NJ 07666**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

ROMULO TOLEDO 04/24/02 954 9287499

CR2E037 (9/01)