2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State
05-15-2003 90112 043 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOLEDO, ROMULO F 1713 W. RIVER DR. MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERTH A RINCON 301 RACQUET CLUB RD. APT 109. WESTON FL 33326.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARIN, LEONEL 359 CHAMBERLINE AVE. PATERSON NJ 07502	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MONICA ALEJANDRA MEJIA 2100 SW 81 AVE APT 208 NORTH LAUDERDALE FL 33068.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAMANIEGO, MARIA F 1713 W. RIVER DR. MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIN, LEONEL 359 CHAMBERLINE AVE PATERSON NJ 07502	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCALANTE, LUIS F 202 BISCAYNE BLVD ISLAMORADA FL 33036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLOS ORTIZ 344 SW 12 ST APT 5 POMPANO B. FLORIDA 33060.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECHEVERRY, JOHN J 3610 DARWIN PLACE DULUTH GA 30096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, EDISON 51 WESTER VELT PL TEANECK NJ 07666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 04/23/03 954 545 3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #