

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

FILED
Jul 25, 2003 8:00 am
Secretary of State

04-30-2003 90051 031 ****61.25

DOCUMENT # N02000007431

1. Entity Name

HISPANIC CHAMBER OF COMMERCE OF SOUTH FLORIDA AND THE KEYS, INC.



Principal Place of Business

**13205 SW 137 AVE. STE 223
MIAMI FL 33186**

Mailing Address

**13205 SW 137 AVE. STE 223
MIAMI FL 33186**

55052246

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

04-3725143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YERO, ARTURO ESQ
814 PONCE DE LEON BLVD, STE 501
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 \$81.25

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

TITLE- **DCHA** ☐ Delete
NAME **BRAVO, LUISA M**
STREET ADDRESS **13205 SW 137 AVE, STE 223**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **DVCH** ☐ Delete
NAME **BERRONES, EDUARDO**
STREET ADDRESS **2815 SE 5 PL**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **DP** ☐ Delete
NAME **TORRES, LISA**
STREET ADDRESS **9883 NW 51 TERRACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **DT** ☐ Delete
NAME **RAMIREZ, RAFAEL**
STREET ADDRESS **728 MAJORCA**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

TRASH

4/26/03

305-441-6136

Date

Daytime Phone #

CR2E037 (10/02)