

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90070 030 ****61.25

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1. Entity Name

NATIONAL HISPANIC SOCIETY USPS SOUTH FLORIDA CHAPTER, INC.



Principal Place of Business

**9661 SW 123 ST
MIAMI FL 33176**

Mailing Address

**9661 SW 123 ST
MIAMI FL 33176**

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARKO, DAVID E ESQ.
3001 SW 30 ST
MIAMI FL 33129**

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 \$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

TITLE	TP	<input type="checkbox"/> Delete
NAME	GALVEZ, JESUS	
STREET ADDRESS	9661 SW 123 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUAREZ, ENRIQUE	
STREET ADDRESS	7352 JACARANDA AVE	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELEZ, AMILSE	
STREET ADDRESS	8812 NW 147 LN	
CITY-ST-ZIP	MIAMI LAKES FL 33018	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETRAKIS, IINGRID	
STREET ADDRESS	13240 SW 119 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOLINA, MANNY	
STREET ADDRESS	9800 SW 74 ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	VARGAS VLLA, RALPH	
STREET ADDRESS	1800 SW 94 ST	
CITY-ST-ZIP	MIAMI FL 33174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E037 (10/02)