

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37640

1. Entity Name

THE NATIONAL ASSOCIATION OF HISPANIC PROFESSORS

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90018 005 ****61.25

Principal Place of Business

Mailing Address

C/O LEONARDO RODRIGUEZ
BA 235B
MIAMI FL 33199
US

C/O LEONARDO RODRIGUEZ
670 SW 24TH RD
MIAMI FL 33129-1953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0268529

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

7. Name and Address of New Registered Agent

RODRIGUEZ, LEONARDO
SCHOOL OF ACCOUNTING B235B
FLORIDA INTERNATIONAL UNIVERSITY
MIAMI FL 33199

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 ☐ Delete
NAME VD
STREET ADDRESS MEJIAS, LUIS GOMEZ
CITY-ST-ZIP DEPT OF MGMT ARIZONA UNI
TEMPE AZ

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

TITLE ☐ Delete
NAME S
STREET ADDRESS GARNAND, JOHN
CITY-ST-ZIP COLL/BUSINESS UNIV OF CO
BOULDER CO

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MONCARZ, RAUL
CITY-ST-ZIP 2644 FLAMINGO DR
MIAMI BEACH FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RODRIGUEZ, LEONARDO
CITY-ST-ZIP 670 SW 24TH ROAD
MIAMI FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS QUINONEZ, VICTOR
CITY-ST-ZIP CALLE LAS VIOLETAS #2007
SANTURLE, P R

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)