

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90233 029 ****61.25

DOCUMENT # N37640

1. Entity Name

THE NATIONAL ASSOCIATION OF HISPANIC PROFESSORS

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt., #, etc.

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0268529

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

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.

(NOT 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 **VD** ☐ Delete
 NAME **MEJIAS, LUIS GOMEZ**
 STREET ADDRESS **DEPT OF MGMT ARIZONA UNI**
 CITY-ST-ZIP **TEMPE AZ**

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

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

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

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

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

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

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

TITLE **VD** ☐ Delete
 NAME **QUINONEZ, VICTOR**
 STREET ADDRESS **CALLE LAS VIOLETAS #2007**
 CITY-ST-ZIP **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 is 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:

Leonardo Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

5/19/2001 305-398-3266
 Date Telephone #

CR2E037 (10/00)