

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90003 023 ****70.00

DOCUMENT # **N39167**

1. Entity Name

HISPANIC LAW ENFORCEMENT ASSOCIATION OF MIAMI BE

Principal Place of Business

**1100 WASHINGTON AVE.
MIAMI BEACH FL 33139**

Mailing Address

**1602 ALTON ROAD
SUITE 539
MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0210756

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAVARRO, GEORGE
1100 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

HERNANDEZ, ROBERTO

Street Address (P.O. Box Number is Not Acceptable)

1100 WASHINGTON AVENUE

City

MIAMI BEACH,

FL

Zip Code
33139

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 **ROBERTO HERNANDEZ (PRESIDENT)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | NAVARRO, GEORGE | |
| STREET ADDRESS | 1602 ALTON ROAD, SUITE 539 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | NORIEGA, CARLOS | |
| STREET ADDRESS | 1602 ALTON ROAD, SUITE 539 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, MARIO | |
| STREET ADDRESS | 1602 ALTON ROAD, SUITE 539 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | CSD | <input type="checkbox"/> Delete |
| NAME | OLIVERA, RIGOBERTO | |
| STREET ADDRESS | 1602 ALTON ROAD, SUITE 539 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | RSD | <input type="checkbox"/> Delete |
| NAME | HERNANDEZ, ROBERTO | |
| STREET ADDRESS | 1602 ALTON ROAD, SUITE 539 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AVILA, EDGARDO | |
| STREET ADDRESS | 1602 ALTON ROAD, SUITE 539 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, ROBERTO | |
| STREET ADDRESS | 1602 ALTON ROAD SUITE #536 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| 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 | RSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOTO, ANDRES | |
| STREET ADDRESS | 1602 ALTON ROAD SUITE #536 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| 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 F/ROBERTO HERNANDEZ (PRESIDENT)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/673-7776 EXT.:# 5636

Date

Daytime Phone #

CR2E037 (5/00)