

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90096 011 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0210756**

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

**HERNANDEZ ROBERTO  
 1100 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139**

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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROBERTO	
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	SOTO, ANDRES	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERO, JULIO	
STREET ADDRESS	1602 ALTON RD. SUITE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, WILLIAM	
STREET ADDRESS	1602 ALTON RD SUITE 539	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	WSD	<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	SANCHEZ, GUSTAVO	
STREET ADDRESS	1602 ALTON RD Suite 539	
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:

*ROBERTO HERNANDEZ Pres.* 4/30/01 3059721133

CR2E037 (10/00)