

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004507

1. Entity Name

HISPANIC ASSOCIATION OF CORRECTIONAL OFFICERS IN

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90052 010 ****61.25

Principal Place of Business

13370 S.W. 131 STREET
#103
MIAMI FL 33186
US

Mailing Address

13370 S.W. 131 STREET
#103
MIAMI FL 33186-5856
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 171882

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH, FL

4. FEI Number

65-0444305

Applied For

Not Applicable

Zip

Country

Zip

Country

33017

USA

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

MARTINEZ, ALEXANDER
13370 S.W. 131 STREET, STE. 103
MIAMI FL 33186

Name

RAFAEL NEGRON

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

13370 SW 131 STREET SUITE #103

City

MIAMI

FL

Zip Code

33186

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	P	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ALEXANDER	
STREET ADDRESS	13370 S.W. 131 STREET, STE. 103	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	13370 S.W. 131 STREET, SUITE 103	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, RAFAEL	
STREET ADDRESS	13370 S.W. 131 STREET, SUITE 103	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANTES, MARY	
STREET ADDRESS	13370 S.W. 131 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALADRO, MANUEL	
STREET ADDRESS	13370 S.W. 131ST., SUITE 103	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALLOW, JEFF	
STREET ADDRESS	13370 S.W. 131ST., SUITE 103	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEGRON, RAFAEL	
STREET ADDRESS	13370 SW 131 ST STE 103	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATIF, A WILDA	
STREET ADDRESS	13370 SW 131 ST STE 103	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, JORGE	
STREET ADDRESS	13370 SW 131 ST STE 103	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, NELSON	
STREET ADDRESS	13370 SW 131 ST STE 103	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, LEONARDO	
STREET ADDRESS	13370 SW 131 ST STE 103	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	N/A	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)