

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002565

1. Entity Name

HISPANIC HARLEY OWNERS CLUB - SOUTHERN FLORIDA C

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90005 042 ****61.25

Principal Place of Business		Mailing Address	
3061 N.W 7 STREET SUITE 200 MIAMI FL 33125 US		3061 N.W 7 STREET SUITE 200 MIAMI FL 33125 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0501963
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ALEJANDRO
3061 N.W 7 STREET
SUITE 200
MIAMI FL 33125

7. Name and Address of New Registered Agent

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
After September 12, 2001, 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	VAZQUEZ, ALEJANDRO	
STREET ADDRESS	7225 N AUGUSTA DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MENDOZA, PEDRO	
STREET ADDRESS	5934 SW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, REINALDO	
STREET ADDRESS	7920 NW 168 TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NASR, JORGE	
STREET ADDRESS	11760 NW 168 TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MIGENIS, JOSE	
STREET ADDRESS	9951 NW 25 TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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 Required

7-18-01 (305) 785-4494

CR2E037 (5/01)