

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 001 ****61.25

DOCUMENT # **N96000000445**
1. Entity Name **National Hispanic Student Foundation, Inc.** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1205 Lincoln Rd.
Suite, Apt. #, etc. **211**

3. Mailing Address
2457 Collins Ave
Suite, Apt. #, etc. **#701**

DO NOT WRITE IN THIS SPACE

City & State **Miami Beach, FL**
Zip **33139** Country

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4. FEI Number **65-0723658**
Applied For ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Liliam M. López**
Street Address (P.O. Box Number is Not Acceptable) **2457 Collins Ave #701**
City **Miami Beach** **FL** Zip Code **33140**

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 _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	Chairman Lazaro Martinez 1111 Lincoln Rd. Suite 810 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Liliam M. López 2457 Collins Ave. 701 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ana M. Monte Flores 172-A West Flagler St. Miami, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rodolfo Bustamante 2125 Biscayne Blvd. #361-A Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nery Gonzalez circle 2200 Alhambra Coral Gables, FL 33134
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Liliam M. López** **Liliam M. López, President 2/14/02** (205) 534-1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)