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

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90087 036 ****61.25

DOCUMENT # N96000006445

1. Entity Name
National Hispanic Student Foundation, Inc.

50010981

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 Arthur Godfrey Rd.	4200 Alton Rd.
Suite, Apt. #, etc. Suite 304	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: ~~33139~~ 33140 Country: USA	Zip: 33140 Country: USA

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. Lopez

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
Chairman	Lazaro Martinez
	1111 Lincoln Road, Suite 810
	Miami Beach, FL 33139
Presient	Liliam M. Lopez
	2457 Collins Avenue, Suite 701
	Miami Beach, FL 33140
Secretary	Ana Maria Monte Flores
	172-A West Flagler Street
	Miami, FL 33130
Treasurer	Rodolfo Bustamante
	2125 Biscayen Blvd. #361-A
	Miami, FL 33137
Director	Nery Gonzalez
	220 Alhambra Circle
	Coral Gables, FL 33134
Director	Jesus Velazquez
	1111 Lincoln Road, Suite 810
	Miami Beach, FL 33139

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CR2E037B (12/02)

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. Lopez **Liliam M. Lopez, President / CEC** 2/3/05 **305-534-1903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #