## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **N99000006488** LATINO PEACE OFFICERS ASSOCIATION OF FLORIDA, IN 04-14-2000 90070 010 \*\*\*\*61.25 Mailing Address Principal Place of Business 13370 SW 131 ST. 13370 SW 131 ST. SUITE 103 SUITE 103 MIAMI FL 33186-5856 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 17188.2 P.O. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number IACEAH , Not Applicable Country USA Zip Country **\$8.75** Additional Certificate of Status Desired 330/7 - Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTINEZ, ALEXANDER 13370 SW 131 ST. SUITE 103 City Zio Code MIAMI FL 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 : 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П -----"; Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE Delete TITLE NAME MARTINEZ, ALEXANDER NAME STREET ADDRESS STREET ADDRESS 13370 SW 131 ST., STE. 103 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VD. NAME NEGRON, RAFAEL NAME STREET ADDRESS STREET ADDRESS 13370 SW 131 ST., STE. 103 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITLE ☐ Change ☐ Addition TITLE n NAME NAME DELGADO, NELSON STREET ADDRESS STREET ADDRESS 13370 SW 131 ST., STE. 103 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITLE Change ☐ Addition TITLE NAME MALLOW, JEFFREY NAME STREET ADDRESS STREET ADDRESS 13370 SW 131 ST., STE, 103 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33186** DIRECTOR MARTINEZ Addition ☐ Delete TITLE Change TITLE 13370 SW 1315T. SUITE 103 NAME NAME STREET ADDRESS STREET ADDRESS MIANI, FC 33186 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 RAME OF SIGNING OFFICER OR DIRECTOR Dafe Dayling Phone #