

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005433

Entity Name: NATIONAL LATINO PEACE OFFICER'S ASSOCIATION, MIAMI
DADE CHAPTER, INC.**FILED**
Apr 21, 2020
Secretary of State
8804342281CC**Current Principal Place of Business:**6965 W. 3 AVE.
HIALEAH, FL 33014**Current Mailing Address:**P.O.BOX 668354
MIAMI, FL 33166**FEI Number: 65-1153782****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MALLOW, JEFF
6965 W. 3 AVE.
HIALEAH, FL 33014 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PD
Name MALLOW, JEFF
Address P.O.BOX 668354
City-State-Zip: MIAMI FL 33166Title VPD
Name PENA, EDDY
Address P.O.BOX 668354
City-State-Zip: MIAMI FL 33166Title DIRECTOR
Name SADA, GEORGE
Address P.O.BOX 668354
City-State-Zip: MIAMI FL 33166Title DIRECTOR
Name MCLAUGHLIN, JOHN
Address P.O.BOX 668354
City-State-Zip: MIAMI FL 33166Title VPD
Name MONSIVAIS, RODOLFO
Address P.O.BOX 668354
City-State-Zip: MIAMI FL 33166Title VPD
Name PADRO, AMAURY
Address PO BOX 668354
City-State-Zip: MIAMI FL 33166Title DIRECTOR
Name FIGUEROA, ALAIN
Address P.O.BOX 668354
City-State-Zip: MIAMI FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF MALLOW**PRESIDENT****04/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date