

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009157

Entity Name: COUNCIL OF HISPANIC BUSINESS PROFESSIONALS, INC.**Current Principal Place of Business:**4100 CORPORATE SQUARE
100
NAPLES, FL 34104**Current Mailing Address:**P O BOX 507
NAPLES, FL 34106 US**FEI Number:** 26-1755601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOLEY FORENSIC ACCOUNTING LLC
4100 CORPORATE SQUARE
100
NAPLES, FL 34104 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:** ALBALUCIA FOLEY

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name RODRIGUEZ, CARLOS
Address 899 VANDERBILT BEACH RD
City-State-Zip: NAPLES FL 34108

Title VP
Name D'AMICO, ANNA
Address 5871 WHISPERWOOD CT
City-State-Zip: NAPLES FL 34110

Title TREA
Name GONZALEZ, RUTH
Address P O BOX 507
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name BOTANA, MARIA
Address 4100 CORPORATE SQUARE
100
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name VASQUEZ, ERIC
Address 4100 CORPORATE SQUARE
100
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name VELIZ, GABRIEL
Address 4100 CORPORATE SQUARE
100
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name MARTIN, NESTARES
Address 4100 CORPORATE SQUARE
100
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name ROJAS, CLAUDIA
Address 4100 CORPORATE SQUARE
100
City-State-Zip: NAPLES FL 34104

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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: CARLOS RODRIGUEZ

P

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	FONTE, MERCEDES
Address	9128 STRADA PLACE, SUITE 301
City-State-Zip:	NAPLES FL 34108