

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003654

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**3146970326CC**

**Entity Name:** SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

333 ARTHUR GODFREY ROAD  
STE 300  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

333 ARTHUR GODFREY ROAD  
SUITE 300  
MIAMI BEACH, FL 33140 US

**FEI Number:** 65-0511241

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ, LILIAM M  
4200 ALTON ROAD  
MIAMI BEACH, FL 33140 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 D  
Name GONZALEZ SILVA, MARIA L  
Address 6855 RED ROAD  
600  
City-State-Zip: CORAL GABLES FL 33143

Title S  
Name LAZARO, MARTINEZ  
Address 161 WESTWARD DRIVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title D  
Name TRABANCO, ARMANDO  
Address 9128 N.W. 25 ST.  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name SANTIAGO, QUINTANA J JR.  
Address 800 BRICKELL AVENUE  
106  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CASAMAYOR, MARIA  
Address 780 NW 42 AVENUE  
4TH FLOOR  
City-State-Zip: MIAMI FL 33125

Title P  
Name LOPEZ, LILIAM M  
Address 4200 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title IMMEDIATE PAST CHAIR  
Name BASULTO, FELIPE FRANCISCO  
Address 255 ALHAMBRA CIRCLE  
2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name SANCHEZ MEDINA, ROLAND  
Address 201 ALHAMBRA CIRCLE  
1205  
City-State-Zip: CORAL GABLES FL 33134

**Continues on page 2**

*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:** LILIAM M LOPEZ

**PRESIDEN/CEO**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FEBRES, MICHELLE  
Address 7705 N.W. 48TH STREET  
100  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name BOUE, LUIS  
Address 999 PONCE DE LEON BOULEVARD  
830  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SORI, HENRY  
Address 3401 NW 100TH STREET MIAMI  
City-State-Zip: MIAMI FL 33167

Title DIRECTOR  
Name GONZALEZ, NEREYDA  
Address 121 ALHAMBRA PLAZA  
1601  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name SANCHEZ-MEDINA, ROLAND JR.  
Address 201 ALHAMBRA CIRCLE  
1205  
City-State-Zip: CORAL GABLES FL 33134