

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003654

FILED
Jan 16, 2020
Secretary of State
2826433261CC

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 CHAIRMAN
Name BASULTO, FELIPE FRANCISCO
Address 255 ALHMBRA CIRCLE
2ND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VC
Name SANCHEZ MEDINA, ROLAND
Address 2333 PONCE DE LEON BLVD
302
City-State-Zip: CORAL GABLES FL 33134

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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: LILIAM M. LOPEZ

PRESIDENT/CEO

01/16/2020

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

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