

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90215 023 \*\*\*\*\*70.00

**DOCUMENT # N96000000507**

**1. Entity Name**  
**HOJITA MATER CORP**



**Principal Place of Business**

10602 SW 134 PLACE  
MIAMI FL 33186  
15033 SW 110 Terr  
Miami - FL 33196

**Mailing Address**

10602 SW 134 PLACE P.O. Box 142113  
MIAMI FL 33186 Coral Gables, FL 33144

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-0653287**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~DE FUENTES, EUGENIA S~~  
~~10602 SW 134 PLACE~~  
~~MIAMI FL 33186~~

Name **Gladys Loynaz Arango**  
Street Address (P.O. Box Number is Not Acceptable)  
**15033 SW 110 Terr**  
City **Miami** FL Zip Code **33196**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Gladys L. Arango*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-28-03**

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☒ Delete  
NAME **CONCEPCION, BELTRAN R**  
STREET ADDRESS **10602 SW 134 PL**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition  
NAME **Lourdes La Vista**  
STREET ADDRESS **322 Ponce de Leon**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☒ Delete  
NAME **SANCHEZ DE FUENTES, EUGENIA**  
STREET ADDRESS **10603 SW 134 PL**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition  
NAME **Gladys Paradelo**  
STREET ADDRESS **5755 SW 48 ST**  
CITY-ST-ZIP **Miami - FL 33155**

TITLE **D** ☒ Delete  
NAME **DEZULUETA, MONICA B**  
STREET ADDRESS **10602 SW 134 PL**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition  
NAME **Sylvia S. Rodriguez**  
STREET ADDRESS **2909 Day Ave**  
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Gladys L. Arango*

**4-28-03**

**(305) 388-2751**

CR2E037 (10/02)