

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90098 015 ****70.00

DOCUMENT # 739660

1. Entity Name
LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC. ✓

Principal Place of Business 11500 N.W. 12 AVENUE MIAMI FL 33168	Mailing Address 11500 N.W. 12 AVENUE MIAMI FL 33168
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1736854** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FONSECA, JOSE ALGERICO 11500 NW 12TH AVENUE MIAMI FL 33168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P TAMAYO, ANGEL	<input type="checkbox"/> Delete STREET ADDRESS 2655 COLLINS AVENUE APT 2004 CITY-ST-ZIP MIAMI BEACH FL	TITLE NAME P RAFAEL CEPEDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 178 N.W. 44 ST CITY-ST-ZIP MIAMI, FL 33127
TITLE NAME T ZULON, LETICIA	<input type="checkbox"/> Delete STREET ADDRESS 8335 W 18TH LANE CITY-ST-ZIP HIALEAH FL	TITLE NAME S HELEODORO RODRIGUEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 408 N.W. 68 AVE - APT 111 CITY-ST-ZIP PLANTATION - FL 33317
TITLE NAME S BORBON, JOSE ALBERTO	<input type="checkbox"/> Delete STREET ADDRESS 120 NE 121 ST. CITY-ST-ZIP NO. MIAMI FL 00000	TITLE NAME D ZULON, LETICIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 8335 WEST 18TH LANE CITY-ST-ZIP HIALEAH FL
TITLE NAME D BORBON, CATALINA M.	<input type="checkbox"/> Delete STREET ADDRESS 120 N.E. 121ST STREET CITY-ST-ZIP NORTH MIAMI FL	TITLE NAME D ROMERO, LETICIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 19414 NW 79 COURT CITY-ST-ZIP MIAMI FL 33015

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED**
 Date **July 20/00** Daytime Phone # **305)681-7675**

CR2E037 (5/00)