

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739660

1. Entity Name

LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC. ✓

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

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

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME	P TAMAYO, ANGEL	<input type="checkbox"/> Delete
STREET ADDRESS	2655 COLLINS AVENUE APT 2004	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE NAME	T ZULON, LETICIA	<input type="checkbox"/> Delete
STREET ADDRESS	8335 W 18TH LANE	
CITY-ST-ZIP	HIALEAH FL	
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"/> Delete
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"/> Delete
STREET ADDRESS	19414 NW 79 COURT	
CITY-ST-ZIP	MIAMI FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 20/00

Daytime Phone #

305)681-7675

CR2E037 (5/00)