

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0042752

05-16-2001 90393 038 *****70.00

DOCUMENT # 739660

1. Entity Name

LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC.

Principal Place of Business

Mailing Address

11500 N.W. 12 AVENUE
 MIAMI FL 33168

11500 N.W. 12 AVENUE
 MIAMI FL 33168

Lakeview United Methodist

2. Principal Place of Business

church

3. Mailing Address

11500 N.W. 12 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL

4. FEI Number

59-1736854

Applied For

Not Applicable

Zip

Country

Zip

Country

33168

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

FONSECA, JOSE ALGERICO
 11500 NW 12TH AVENUE
 MIAMI FL 33168

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**

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	P	<input type="checkbox"/> Delete
NAME	CEPEDA, RAFAEL	
STREET ADDRESS	2655 COLLINS AVENUE APT 2004	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZULON, LETICIA	
STREET ADDRESS	8335 W 18TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, HELEODORO	
STREET ADDRESS	120 NE 121 ST.	
CITY-ST-ZIP	NO. MIAMI FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZULON, LETICIA	
STREET ADDRESS	8335 WEST 18TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORBON, CATALINA M.	
STREET ADDRESS	120 N.E. 121ST STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMERO, LETICIA	
STREET ADDRESS	19414 NW 79 COURT	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Leticia Zulon (Leticia Zulon)*

5/2/01

305-681-7625

CR2E037 (10/00)