

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90062 048 \*\*\*\*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

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 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1736854**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONSEÇA, 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  Delete  
 NAME **P CEREDA, RAFAEL**  
 STREET ADDRESS **2655 COLLINS AVENUE APT 2004**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME **JOSE ANTONIO BORDON**  
 STREET ADDRESS **2005 JEFFERSON ST.**  
 CITY-ST-ZIP **APT 208 HOLLYWOOD - Florida 33020**

TITLE  Delete  
 NAME **T ZULON, LETICIA**  
 STREET ADDRESS **8335 W 18TH LANE**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Change  Addition  
 NAME **HIALEAH - FLORIDA**  
 STREET ADDRESS **33014**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S RODRIGUEZ, HELEODORQ**  
 STREET ADDRESS **120 NE 121 ST.**  
 CITY-ST-ZIP **NO. MIAMI FL 33000**

TITLE  Change  Addition  
 NAME **LIDIA E. PUIG**  
 STREET ADDRESS **1000 NE 14 AVE #203**  
 CITY-ST-ZIP **HALLANDALE - FLA. 33009**

TITLE  Delete  
 NAME **D ZULON, LETICIA**  
 STREET ADDRESS **8335 WEST 18TH LANE**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE  Change  Addition  
 NAME **MARIA C. GOMEZ**  
 STREET ADDRESS **35 N.W. 152TH ST.**  
 CITY-ST-ZIP **NORTH MIAMI BEACH - FLA. 33161**

TITLE  Delete  
 NAME **D BORDON, CATALINA M.**  
 STREET ADDRESS **120 N.E. 121ST STREET**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161-5341**

TITLE  Change  Addition  
 NAME **Rev. CATALINA MAGALI Balam**  
 STREET ADDRESS **120 N.E. 121 ST -**  
 CITY-ST-ZIP **NORTH MIAMI - FLA 33161-5341**

TITLE  Delete  
 NAME **D ROMERO, LETICIA**  
 STREET ADDRESS **19414 NW 79 COURT**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  Change  Addition  
 NAME **ROMERO, LETICIA**  
 STREET ADDRESS **8335 W. 18TH LANE.**  
 CITY-ST-ZIP **HIALEAH. FLA 33014.**

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 Romero*  
**LETICIA ROMERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 9/008*  
 Date

Date

Daytime Phone #

CR2E037 (9/01)