

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90314 009 \*\*\*\*70.00

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**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

Zip

Country

4. FEI Number **59-1736854**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONSECA, JOSE ALGERICO**  
**1.1500 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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

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  Delete  
NAME **P JOSE, ANTONIO G**  
STREET ADDRESS **2005 JEFFERSON STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE  Change  Addition  
NAME **BORBON JOSE A**  
STREET ADDRESS **120 N.E. 121 STREET**  
CITY-ST-ZIP **MIAMI, FL 33161-5341**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME ~~LIDIA PURCE~~  
STREET ADDRESS **1000 NE 14TH AVE 203**  
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE  Delete  
NAME **D GONZ, MARIA C**  
STREET ADDRESS **35 NW 152TH STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME ~~BOLSM, CATALINA M~~  
STREET ADDRESS **120 NE 121 STREET**  
CITY-ST-ZIP **MIAMI FL 33161-5341**

TITLE  Change  Addition  
NAME **BORBON CATALINA**  
STREET ADDRESS **120 N.E. 121 STREET**  
CITY-ST-ZIP **MIAMI FL 33166-5341**

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

TITLE  Change  Addition  
NAME **ROMERO LETICIA**  
STREET ADDRESS **12826 S.W. 24ST**  
CITY-ST-ZIP **HIALEAH, FL 33027**

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sep 5 / 003*

CR2E037 (4/03)