

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

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

05-21-2002 90885 037 \*\*\*65.25

DOCUMENT # **NO 1000001370**

1. Entity Name

**LATIN HOPE COMMUNITY SERV. OF SOUTH FLA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3650 NW 19 TERRACE**

3. Mailing Address

**3650 NW 19 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

4. FEI Number

**05-1090030**

Applied For

Not Applicable

Zip

**33125**

Country

**USA**

Zip

**33125**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**NORA WILSHIRE**

Street Address (P.O. Box Number is Not Acceptable)

**3650 NW 19 TERRACE**

City

**MIAMI**

FL

Zip Code

**33125**

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT/CEO  
NORA WILSHIRE  
3650 NW 19 TERRACE  
MIAMI FLORIDA 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT  
RAUL RODRIGUEZ  
9534 SW 143 PLACE  
MIAMI FLORIDA 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
CELIDA RODRIGUEZ  
9534 SW 143 PLACE  
MIAMI FLORIDA 33186**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER  
DORALBA MUÑOZ  
3650 NW 19 TERRACE  
MIAMI, FLORIDA 33125**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**NORA WILSHIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/2002 (305)635-5214**

CR2E037B (12/01)