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

## **UNIFORM BUSINESS REPORT (UBR)** Apr 14, 2003 8:00 am Secretary of State DOCUMENT # N0200004032 04-14-2003 90223 025 \*\*\*\*61.25 MISION HISPANA ADONAL INC. Principal Place of Business Mailing Address 6590 GOLDEN GATE PARKWAY 6590 GOLDEN GATE PARKWAY NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 04-36606 City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR Avenue **MIAMI FL 33145** 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be LILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete Change TITLE TITLE Stella Rojas MARTIN, RICARDO NAME NAME 4142 1844 PL. SW STREET ADDRESS 6590 GOLDEN GATE PARKWAY STREET ADDRESS Naples FL 34116 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 ☐ Change Delete TITLE b Antonio Lopez ALFONSO, OBELIO JR. NAME NAME 590 Golden Gate Parkway 6590 GOLDEN GATE PARKWAY STREET ADDRESS STREET ADDRESS Naples FI CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 Addition ☐ Change Jose Marino Bedoya TITLE Delete TITLE LOPEZ, AILEEN MARIA NAME NAME 6590 Golden Gate Parkway STREET ADDRESS STREET ADDRESS 6590 GOLDEN GATE PARKWAY Naples, FL 34105 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 ☐ Addition Delete TITLE TITLE Aileen Maria Lopez **BOZAN, YUDITH** NAME NAME 6590 Golden Gate Parkway STREET ADDRESS 6590 GOLDEN GATE PARKWAY STREET ADDRESS CITY-ST-7IP CITY-ST-7IP NAPLES FL 34105 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: DIVIDAUSTA

4/10/03 (239)443-7067