

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90027 005 \*\*\*\*61.25

**DOCUMENT # N03000010562**

1. Entity Name  
**THE DOMINICAN HUMANITARIAN SOCIETY OF  
FLORIDA, INC.**



Principal Place of Business  
**10810 MURRAY STREET  
TAMPA, FL 33612**

Mailing Address  
**10810 MURRAY STREET  
TAMPA, FL 33612**

**66431259**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**20-0716130**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EUSEBIO, BELARMINIO  
10810 MURRAY STREET  
TAMPA, FL 33612**

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

**Filing Fee is \$81.25  
Due by September 8, 2004**

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 **P** ☐ Delete  
NAME **EUSEBIO, BELARMINIO**  
STREET ADDRESS **10810 MURRAY STREET**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **RODRIGUEZ, LISVETTE I**  
STREET ADDRESS **8417 N. ARMENIA AVENUE #815**  
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ORTIZ, JUAN P**  
STREET ADDRESS **7501 CAMARINA STREET**  
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **SANCHEZ, JOSE S**  
STREET ADDRESS **10810 MURRAY STREET**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **VIDAL, LUIS**  
STREET ADDRESS **13503 FLETCHER REGENCY DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MEJIA, ANDRES**  
STREET ADDRESS **8601 SPARTAN COURT**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Change ☐ 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:

*Eusebio Belarmino*

*Eusebio Belarmino - President*

*7/2/04 818-267-6799*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #