

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46199

1. Entity Name

HISPANIC AMERICAN UNITED METHODIST CHURCH OF HIA

Principal Place of Business

1098 EAST 1RT. AVE
HIALEAH FL 33010
US

Mailing Address

% ROBERTO ALVAREZ
323 EAST 61 STREET
HIALEAH FL 33013-1067
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0291437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMARO, M. BARBARA ESQ.
2000 S. DIXIE HIGHWAY
SUITE 102
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

TITLE	PD	☐ Delete
NAME	ALVAREZ, ROBERTO	
STREET ADDRESS	323 E. 61 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	☐ Delete
NAME	FERNANDEZ, MARIA Y	
STREET ADDRESS	6560 WEST 13TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	☐ Delete
NAME	REYES, ALBERTO M	
STREET ADDRESS	9949 NW 27TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

ROBERTO ALVAREZ

3/06/2000 305-821-6033

Date

Daytime Phone #

CR2E037 (9/99)