

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90046 035 ****70.00

003/878

DOCUMENT # N48327

1. Entity Name

DE HOSTOS SENIOR CENTER INC.

Principal Place of Business

**2902 NW 2ND AVE.
 MIAMI FL 33127**

Mailing Address

**2902 NW 2ND AVE.
 MIAMI FL 33127**

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

65-0343402

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COUVERTIER, ESTHER ED/CEO
 600 NE 36 ST APT 1007
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **MANUEL F. FENTE (ATTORNEY)**

Street Address (P.O. Box Number is Not Acceptable)
1110 BRICKELL AVENUE 7th. Floor

City **MIAMI** **FL** Zip Code **33131**

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.

MANUEL F. FENTE

01-16-01

(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 NAME STREET ADDRESS CITY-ST-ZIP	EDCE COUVERTIER, ESTHER 600 NE 36 ST APT 1007 MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLIGAN, ELLEN 1230 NE 139 ST UNIT 202 MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC RIVERA, GAMALIEL 3601 FEDERAL HWY MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELTRAN, LUIS 1660 N.W. 15TH ST. MIAMI FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BORGES, OSVALDO 2902 NW 2ND AVE. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ROMAN, DANIEL 15925 SW 103 LN MIAMI FL 33196 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED/CEO COUVERTIER, ESTHER 600 NE 36 ST APT 1007 MIAMI FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GILLIGAN, ELLEN 1230 NE 139 ST UNIT 202 MIAMI FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 1/24/01

(305) 573-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)