

2007

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

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 041 ****61.25

40118960

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|--|--|---|--|
| DOCUMENT # N48327 1. Entity Name De Hostos Senior Center, Inc. | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 2902 N.W. 2nd Ave. <small>Suite, Apt. #, etc.</small> | | | 3. Mailing Address P.O. Box 370793 <small>Suite, Apt. #, etc.</small> | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 65-0343402 | |
| Zip 33127 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | | 7. Name and Address of Current Registered Agent Name Fente, Manuel F., Atty. Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FEE IS \$61.25 Initial or Amended UBR | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D/VC | TITLE | | | |
| NAME | Vega, Jose | NAME | | | |
| STREET ADDRESS | 25 S.E. 2nd Ave., Suite 410 | STREET ADDRESS | | | |
| CITY - ST - ZIP | Miami, FL 33128 | CITY - ST - ZIP | | | |
| TITLE | D/P | TITLE | | | |
| NAME | Beltran, Luis | NAME | | | |
| STREET ADDRESS | 1660 N.W. 15th St. Rd., Apt. 4 | STREET ADDRESS | | | |
| CITY - ST - ZIP | Miami, FL 33125 | CITY - ST - ZIP | | | |
| TITLE | D/T | TITLE | | | |
| NAME | Roman, Daniel | NAME | | | |
| STREET ADDRESS | 15925 S.W. 103rd Ln. | STREET ADDRESS | | | |
| CITY - ST - ZIP | Miami, FL 33196 | CITY - ST - ZIP | | | |
| TITLE | D/CEO | TITLE | | | |
| NAME | Couvertier, Esther | NAME | | | |
| STREET ADDRESS | 600 N.E. 36th St., Apt. 1007 | STREET ADDRESS | | | |
| CITY - ST - ZIP | Miami, FL 33137 | CITY - ST - ZIP | | | |
| TITLE | | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | 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 on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | Esther Couvertier 4-25-07 305-573-6220 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |