

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90903 001 *****8.75
04-07-2003 90903 002 *****61.25

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

P.O. Box 370793

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number **65-0343402**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33137 Dade

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

**FENTE, MANUEL F ATTY
1110 BRICKELL AVE 7TH FLR
MIAMI FL 33131**

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

FILE NOW: FEE IS \$61.25

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

TITLE NAME	DVC Jose Vega	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	25 SE 2nd Ave, suite 410	
CITY-ST-ZIP	Miami, FL 33128	
TITLE NAME	DP Luis Beltran	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1660 NW 15 St. Rd. Apt #4.	
CITY-ST-ZIP	Miami, FL 33125	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

3/28/03

CR2E037 (10/02)