

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48404

1. Entity Name

THE NATIONAL CATHOLIC COUNCIL FOR HISPANIC MINIS

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90127 023 ****70.00

Principal Place of Business 7700 SW 56TH STREET MIAMI FL 33155 US	Mailing Address 6550 FANNIN STE. 2117 HOUSTON TX 77005-2631 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5505 Chaucer Dr. Suite, Apt. #, etc.
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City & State	City & State Houston, TX
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Zip	Country	Zip 77005	Country USA
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4. FEI Number 65-0342122	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIZCAINO, MARIO, SCH. P. 7700 SE 56TH STREET MIAMI FL 33155

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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERVANTES, CARMEN M 1737 W BENJAMIN HOLT DR STOCKTON CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Soto, Jaime Rev. Msgr. 2811 E. Villa Real Dr. Orange, CA 92863-1595 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, KENNETH 1000 E MAPLE AVE MUNDELEIN IL 60060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AGUIANCO, CARMEN 205 W. MONROE CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, JOSE REV. 6550 FANNIN, STE. 2117 HOUSTON TX 77030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gómez, Jose Rev. 5505 Chaucer Dr. Houston, TX 77005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMIDE, ANICETO 238 JEWETT AVENUE BRIDGEPORT CT 06606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, STELLA 3029 GODWIN TERRACE BRONX NY 10463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/12/2000 (713) 528-6517 Date Daytime Phone #
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CR2E037 (9/99)