

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90010 045 \*\*\*\*\*70.00

**DOCUMENT # N48404**

1. Entity Name

**THE NATIONAL CATHOLIC COUNCIL FOR HISPANIC MINIS  
 TRY, INC.**

Principal Place of Business

**7700 SW 56TH STREET  
 MIAMI FL 33155  
 US**

Mailing Address

**3131 E. CAMELBACK RD.  
 SUITE 200  
 PHOENIX, AZ 85016**

**916456**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0342122**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VIZCAINO, MARIO, SCH. P.  
 7700 SE 56TH STREET  
 MIAMI FL 33155**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **SOTO, JAIME**  
 STREET ADDRESS **2811 E VILLA REAL DRIVE**  
 CITY-ST-ZIP **ORANGE CA 92863-1595**

TITLE **D** ☐ Change ☒ Addition  
 NAME **LEGO, WILLIAM E. REV**  
 STREET ADDRESS **6243 S. FAIRFIELD AVENUE**  
 CITY-ST-ZIP **CHICAGO, IL 60629-2309**

TITLE **VD** ☐ Delete  
 NAME **DAVIS, KENNETH**  
 STREET ADDRESS **1000 E MAPLE AVE**  
 CITY-ST-ZIP **MUNDELEIN IL 60060**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BOROBIA, MARIA ELIZABETH SR**  
 STREET ADDRESS **145 S.W. 107TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **SD** ☐ Delete  
 NAME **AGUIANCO, CARMEN**  
 STREET ADDRESS **205 W. MONROE**  
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MARILL, ALICIA C.**  
 STREET ADDRESS **6367 S.W. 15th STREET**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **TD** ☐ Delete  
 NAME **GOMEZ, JOSE**  
 STREET ADDRESS **5505 CHAUCER DRIVE**  
 CITY-ST-ZIP **HOUSTON TX 77005**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **GOMEZ, JOSE MOST REV**  
 STREET ADDRESS **1530 LOGAN STREET**  
 CITY-ST-ZIP **DENVER, CO 80203**

TITLE **D** ☒ Delete  
 NAME **VILLAMIDE, ANICETO**  
 STREET ADDRESS **238 JEWETT AVENUE**  
 CITY-ST-ZIP **BRIDGEPORT CT 06606**

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

TITLE **D** ☒ Delete  
 NAME **HERRERA, STELLA**  
 STREET ADDRESS **3029 GODWIN TERRACE**  
 CITY-ST-ZIP **BRONX NY 10463**

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:

**SIGNATURE JOSE GOMEZ**

**JANUARY 15, 2002**

**303 831 7010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)