

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000178

1. Entity Name

HISPANIOLA COMMUNITY SERVICES, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90002 033 ****61.25

Principal Place of Business Mailing Address
1350 NE 125TH STREET 1350 NE 125TH STREET
#200 #200
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161-5913
US US

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 65-0720681 Applied For
Not Applicable

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

LISSADE, FLORENCE
590 N.W. 127TH STREET
NORTH MIAMI FL 33168

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	D	<input type="checkbox"/> Delete
NAME	LOUIS, MARIE E	
STREET ADDRESS	42 NE 41 STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWTON, DAMIAN	
STREET ADDRESS	13100 NE 7 AVE #211	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGHAM, PAULINE	
STREET ADDRESS	18801 2 AVE #103	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKALI, KAREN	
STREET ADDRESS	202 NW 146 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAINT-HILAIRE, PHIPPS	
STREET ADDRESS	14700 S BISCAYNE RIVER DRIVE	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)