2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # N9700000178 1. Entity Name HISPANIOLA COMMUNITY SERVICES, INC. 02-26-2002 90064 004 ****70.00 Principal Place of Business Mailing Address 12550 BISCAYNE BLVD.STE 500 12550 BISCAYNE BLVD.STE 500 MIAMI FL 33181 MIAMI FL 33181 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0720681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LISSADE, FLORENCE 1251 N.E 108TH STREET STE #816 Zip Code **MIAMI FL 33161** 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change Addition ☐ Delete TITLE TITLE LOUIS, MARIE E Latinus Moise NAME NAME STREET ADDRESS 42 NE 41 STREET STREET ADDRESS 14610 NW 11 count Miami, FL 33168 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** TITLE Change ☐ Addition Delete Lawton. Damian NAME STREET ADDRESS STREET ADDRESS 13100 NE 7 AVE #211 CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP ☐ Change ☐ Addition TITLE 🔀 Delete NAME LISSADE, FLORENCE STREET ADDRESS STREET ADDRESS 1251 NE 108TH ST,816 CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME LAWTON, DAMIAN NAME STREET ADDRESS 1251 NE 108TH #120 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33161 ☐ Delete TITLE Change ☐ Addition TITLE FRANTZ, CHERY NAME NAME STREET ADDRESS STREET ADDRESS 12550 BISCAYNE BLVD, STE 500 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33181 ☐ Change ☐ Addition TITLE Delete TITLE ALTIDOR, SANTONAX NAME NAME STREET ADDRESS 197 NW 88TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150

FILED

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:

307-87-09
307-87-7278