

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91044 048 ****70.00

DOCUMENT # N97000000178

1. Entity Name

HISPANIOLA COMMUNITY SERVICES, INC.



Principal Place of Business

12550 BISCAYNE BLVD, STE 500
MIAMI FL 33181
US

Mailing Address

12550 BISCAYNE BLVD, STE 500
MIAMI FL 33181
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
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI FL 33181

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
Due By May 1, 2004

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 ☐ Delete
NAME LISSADE, FLORENCE
STREET ADDRESS 12550 BISCAYNE BLVD., SUITE 500
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☒ Change ☒ Addition
NAME **D Andrea Brice**
STREET ADDRESS **5781 Biscayne Blvd #504**
CITY-ST-ZIP **Miami, FL 33137**

TITLE ☒ Delete
NAME LOUIS, ANNE
STREET ADDRESS 18685 NW 53 AVE.
CITY-ST-ZIP MIAMI FL 33055

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

TITLE ☐ Delete
NAME LAWTON, DAMIAN
STREET ADDRESS 1251 NE 108TH #120
CITY-ST-ZIP MIAMI FL 33161

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

TITLE ☒ Delete
NAME FRANTZ, CHERY
STREET ADDRESS 12550 BISCAYNE BLVD, STE 500
CITY-ST-ZIP MIAMI FL 33181

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04
Date

305-459-0754
Daytime Phone #