


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90692 031 \*\*\*\*70.00

**DOCUMENT # N97000000178**

1. Entity Name  
**HISPANIOLA COMMUNITY SERVICES, INC.**



Principal Place of Business      Mailing Address

**12550 BISCAYNE BLVD. STE 500**      **12550 BISCAYNE BLVD. STE 500**  
**MIAMI FL 33181**      **MIAMI FL 33181**  
**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**

**90001318**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LISSADE, FLORENCE**  
**1251 N.E. 108TH STREET**  
**STE #816**  
**MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **Florence Lissade**

Street Address (P.O. Box Number is Not Acceptable)  
**12550 Biscayne Blvd, Suite 500**

City **North Miami**      **FL**      Zip Code **33181**

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>D LOUIS, MARIE E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>42 NE 41 STREET MIAMI FL 33137</b>	
TITLE NAME	<b>D MOISE, LATINUS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>14610 NW 11 COURT MIAMI FL 33168</b>	
TITLE NAME	<b>D LAWTON, DAMIAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1251 NE 108TH #120 MIAMI FL 33161</b>	
TITLE NAME	<b>DS FRANTZ, CHERY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>12550 BISCAYNE BLVD, STE 500 MIAMI FL 33181</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D Florence Lissade</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>12550 Biscayne Blvd, Suite 500 North Miami, FL 33181</b>	
TITLE NAME	<b>D Anne Louis</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>18685 NW 53 Ave - Mira, FL 33055</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Florence Lissade*      **SIGNATURE REQUIRED**      1-6-03      305-459-0754

CR2E037 (10/02)