

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006334

1. Entity Name

MISSION HISPANA DEL CENTRO DE ADORACION INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90008 046 ****61.25

Principal Place of Business

11801 WEST BROWARD BLVD
PLANTATION FL

Mailing Address

11801 WEST BROWARD BLVD
PLANTATION FL 33325-2427

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAFASULI, TITO
9520 NW 8TH CIR.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **Rev. Alexis H. Ramirez**

Street Address (P.O. Box Number is Not Acceptable)

1023 NW 81 Terr.

City **Plantation**

FL

Zip Code **33322**

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

Alexis Ramirez

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAFASULI, TITO 9520 NW 8TH CIRCLE PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, ROSAURA 9105 SW 19TH PL FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAFASULI, ESTELA 9520 NW 8TH CIRCLE PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JUANA 1340 SW 35 AVE #6 FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, FERNANDO 10869 NW 9TH CT. FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, LAURA 3703 NW 121 AVE SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alexis H. Ramirez 1023 NW 81 Terr Plantation FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sandra Roldan 12620 Vista Isle Dr. Apt. 1015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martha Zamora 953 SW 131 AV. Plantation FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doris Ram	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dorys Ramirez 1023 NW 81 Terr Plantation FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilfredo Nieves 14201 SW 88 St D-310 Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Alexis Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)