

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90059 045 \*\*\*\*61.25

**DOCUMENT # N98000006334**

1. Entity Name

**MISION HISPANA DEL CENTRO DE ADORACION INC.**

Principal Place of Business

**11801 WEST BROWARD BLVD  
 PLANTATION FL 33325**

Mailing Address

**11801 WEST BROWARD BLVD  
 PLANTATION FL 33325**

2. Principal Place of Business

**1101 SW 49th Ave.**

3. Mailing Address

**1101 SW 49th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Plantation, FL**

City & State

**Plantation, FL**

Zip

**33317**

Country

**USA**

Zip

**33317**

Country

**USA**

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

**RAMERIZ, ALEXIS H REV  
 1023 NW 81 TERR.  
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name **Ramirez, Alexis M. Rev.**

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

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 **P** ☐ Delete  
 NAME **RAMIREZ, ALEXIS M**  
 STREET ADDRESS **1023 NW 81 TERR**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **S** ☒ Delete  
 NAME **TUNDIDOR, JULIA**  
 STREET ADDRESS **7201 NW 45 CT**  
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **T** ☐ Delete  
 NAME **LAUREANO, WEBERLIN**  
 STREET ADDRESS **7320 RAMONA ST.**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ Delete  
 NAME **HERNANDEZ, JUANA**  
 STREET ADDRESS **1340 SW 35 AVE. #6**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **R** ☐ Delete  
 NAME **RAMIREZ, DORYS**  
 STREET ADDRESS **1023 NW 81 TERR.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE **T** ☐ Delete  
 NAME **RAMIREZ, ADRIANNA**  
 STREET ADDRESS **1023 NW 81 TERR.**  
 CITY-ST-ZIP **PLANTATION FL 33325**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☒ Change ☐ Addition  
 NAME **Lavilla, Livia**  
 STREET ADDRESS **1340 SW 35 Ave. Apt. B-2**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33312**

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

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

TITLE ☐ Change ☐ Addition  
 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 for 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/2002 (954) 370-3496**

CR2E037 (9/01)