

**2000 UNIFORM BUSINESS REPORT (UBR)**4/24/00-90168-010-\$61.25-\$61.25  
\* 9/12/00-90013-033-\$61.25-\$61.25**DOCUMENT # N99000007628**

1. Entity Name

**LIGHTHOUSES OF PUERTO RICO HISTORIC FOUNDATION,****R****FILED****00 NOV 20 AM 10:27****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

201 N. 59TH AVE.  
HOLLYWOOD FL 33021

Mailing Address

201 N. 59TH AVE.  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**MASTACHE, DAVID  
201 N. 59TH AVE.  
HOLLYWOOD FL 33021**

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.

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  
After September 13, 2000 min. will be \$236.25**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	<input type="checkbox"/> Delete
	<b>P D</b>			
	<b>MASTACHE, DAVID</b>			
	<b>201 N. 59TH AVE.</b>			
	<b>HOLLYWOOD FL 33021</b>			
	<b>D</b>			
	<b>JAMES B. COWDON</b>			
	<b>317 JOHNSON ST</b>			
	<b>HOLLYWOOD FL 33021</b>			
	<b>D</b>			
	<b>RUTH NIEVES</b>			
	<b>6211 MAYO ST</b>			
	<b>HOLLYWOOD FL 33023</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**SEP-8, 2000**

Date

**(954) 270-4389**

Daytime Phone #

CFR2037 (5/00)