

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

00333

03-28-2001 90075 036 ****61.25

DOCUMENT # 747528

1. Entity Name

LATVIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 22-1955
 HOLLYWOOD FL 33022

P.O. BOX 22-1955
 HOLLYWOOD FL 33022

2. Principal Place of Business

3. Mailing Address

BERZINS LUDIS
 Suite, Apt. #, etc.
1335. RODMAN STR
 City & State
Hollywood FL

BERZINA LUDIS
 Suite, Apt. #, etc.
1335. RODMAN STR
 City & State
Hollywood FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1918063

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip
33019

Country
BROWARD

Zip
33019

Country
BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERZINS, LUDIS
1335 RODMAN ST
HOLLYWOOD FL 33019

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERZINS, LUDIS 1335 RODMAN ST HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIEZE, MILDA 4305 E TRADEWIND FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRENDI, DZIDRA 134 ONE 27TH WAY POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM ARVIDA, BRENDI 1340 NE 27 WAY POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTS, JANIS 1427 E HILLSBORO BLVD DEERFIELD BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: RODMAN BERZINS LUDIS 3/25/2001 954-923-6056
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)