

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755578

1. Entity Name

COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, I

Principal Place of Business

Mailing Address

305 S. FLAGLER AVENUE
HOMESTEAD FL 33030
US

P O BOX 900368
HOMESTEAD FL 33090-0368
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

59-2149950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, ARTURO
305 S. FLAGLER AVENUE
HOMESTEAD FL 33030

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:
SEE 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 **D** Delete
NAME **THOMPSON, ROBERT**
STREET ADDRESS **9975 MARLIN RD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** Change Addition
NAME **THOMPSON, ROBERT**
STREET ADDRESS **9975 MARLIN RD.**
CITY-ST-ZIP **MIAMI, FL 33920**

TITLE **D** Delete
NAME **GOMEZ, EVA**
STREET ADDRESS **PO BOX 1000**
CITY-ST-ZIP **QUINCY FL 32353**

TITLE **D** Change Addition
NAME **MARTIN, JOANES**
STREET ADDRESS **605 SW 6TH AVE.**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **TD** Delete
NAME **PRO, FERNANDO**
STREET ADDRESS **20310 SW 106TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** Change Addition
NAME **PRO, FERNANDO**
STREET ADDRESS **20310 SW 106TH AVE.**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **C** Delete
NAME **NAREZO, PEDRO**
STREET ADDRESS **2012 CAPITAL CENTER CIRCLE SE**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

TITLE **C** Change Addition
NAME **NAREZO, PEDRO**
STREET ADDRESS **3747 SHAMROCK ST WEST**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **SD** Delete
NAME **SERRATA, ESMERALDA**
STREET ADDRESS **1800 FARMWOKER WAY**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **OROPEZA, ROBERTO**
STREET ADDRESS **220 E MAIN ST**
CITY-ST-ZIP **WACHULA FL**

TITLE **D** Change Addition
NAME **NAVA, LUPITA**
STREET ADDRESS **2105 WEST IMMOKALEE DRIVE**
CITY-ST-ZIP **IMMOKALEE, FL 34142**

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:

FERNANDO PRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/2000

(305)238-0837

Date

Daytime Phone #