

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000234

FILED
May 30, 2003
Secretary of State

Entity Name: LATINOS UNITED IN ACTION CENTER, INC.

Current Principal Place of Business:

3321 NW 17TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3321 NW 17TH AVE.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1008371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARGAS, JUANA A
1364 S.W. 181 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

VARGAS, JUANA A
1364 S.W. 181 AVE.
PEMBROKE PINES, FL 33029 US

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: _____

Electronic Signature of Registered Agent

05/30/2003

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGAS, JUANA M
Address: 1364 SW 181 AVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: PEREZ, SYLVESTER
Address: 80 S. SHORE DRIVE APT 509
City-St-Zip: MIAMI, FL 33141

Title: T () Delete
Name: MONEGRO, VIRGINIA
Address: 80 S. SHORE DRIVE APT 509
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: URANGA, PEDRO
Address: 1364 SW 181 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: VARGAS, ZUNILDA
Address: 80 S SHORE DRIVE, SPT 508
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: FELDMAN, STEVEN
Address: 80 S. SHORE DRIVE APT 508
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA A. VARGAS

Electronic Signature of Signing Officer or Director

D

05/30/2003

Date