

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006681

1. Entity Name

LAWTON FOUNDATION FOR HUMAN RIGHTS, INC.

Principal Place of Business

5975 SUNSET DRIVE  
SUITE 403  
MIAMI FL 33143

Mailing Address

5975 SUNSET DRIVE  
SUITE 403  
MIAMI FL 33143

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ARENAS, JOSE  
5975 SUNSET DRIVE  
SUITE 403  
MIAMI FL 33143

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 12, 2001, 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  
D  
GARRIDO, ANGEL E  
5975 SUNSET DRIVE SUITE 403  
MIAMI FL 33143  
PRESIDENT ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARRO, LAIDA  
7000 SW 97TH AVENUE  
MIAMI FL 33173  
SECRETARY ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LAGO, VINCENTE  
1100 SW 57TH AVENUE  
MIAMI FL 33145  
SECRETARY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vento Josefa  
4100 NW 95th 2nd floor  
Miami FL 33126  
TREASURER ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RODRIGUEZ, RIGOBERTO  
7400 N Kendall DR. 205  
Miami FL 33156  
TRUSTEE ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004794436--2  
-01/24/02--01060--009  
\*\*\*\*\*175.00 \*\*\*\*\*175.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004794436--2  
-01/24/02--01060--010  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
☐ Change ☐ Addition

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

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

9/10/01

(305) 740 0059

CR2E037 (5/01)