


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

06-20-2003 90030 010 \*\*\*\*61.25

**DOCUMENT # NO1000000524**

1. Entity Name  
**LATINO LEADERSHIP, INC.**



Principal Place of Business  
**9318 E COLONIAL D  
A-14  
ORLANDO FL 32817**

Mailing Address  
**9318 E COLONIAL D  
A-14  
ORLANDO FL 32817**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **59-3702613**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SUAREZ, ANTHONY  
517 W COLONIAL DRIVE  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
Name **Luis F. Gomez**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 S. Semoran Blvd.**  
City **Orlando** FL Zip Code **32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **June 17, 2003**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUAREZ, ANTHONY</b>	
STREET ADDRESS	<b>517 W COLONIAL DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANS-GUZMAN, MARTIZA</b>	
STREET ADDRESS	<b>517 W COLONIAL DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUZMAN, ROSALY</b>	
STREET ADDRESS	<b>1587 HUNLERS STAND RUN</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIA T. DIAZ-URBINO</b>	
STREET ADDRESS	<b>8457 Sidom St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARYTZA SANZ</b>	
STREET ADDRESS	<b>9318 E. Colonial Dr. Suite A-14</b>	
CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUPE TORRE (D)</b>	
STREET ADDRESS	<b>7412 LAKE DR.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32807</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSE RIDOS (D)</b>	
STREET ADDRESS	<b>6160 LANDRACE LN.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32807</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE **June 17, 2003** DAYTIME PHONE # **384-2929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)