
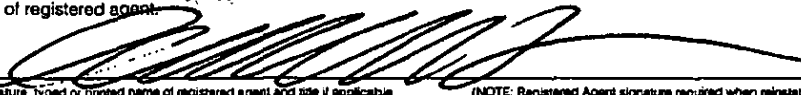



**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

1/2

01-27-2003 90318 031 \*\*\*61.25

<b>DOCUMENT # N02000001319</b>					
1. Entity Name <b>LATINA ENTREPRENEURS FOR ACTION AND DEVELOPMENT, INC.</b>					
Principal Place of Business <b>2725 SW THIRD AVE MIAMI FL 33129</b>			Mailing Address <b>2725 SW THIRD AVE MIAMI FL 33129</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EEL Number <b>30-0167778</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANCHELIMA, JESUS ESA SANCHELIMA &amp; ASSOCIATES, P.A. 235 SW LEJEUNE RD MIAMI FL 33134</b>			7. Name and Address of New Registered Agent Name <b>ANA MARIA FERNANDEZ-HAAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2725 SW 3RD AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33129</b>		
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 				DATE <b>1/22/03</b>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>CD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FERNANDEZ HAAR, ANA MARIA</b>		NAME		
STREET ADDRESS	<b>2725 SW THIRD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		CITY-ST-ZIP		
TITLE	<b>VCDT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STEVENS, MARLOU M</b>		NAME		
STREET ADDRESS	<b>2725 SW THIRD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		CITY-ST-ZIP		
TITLE	<b>VCDS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OLIVER, REMEDIOS D</b>		NAME		
STREET ADDRESS	<b>2725 SW THIRD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		CITY-ST-ZIP		
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LOZANO, MONICA</b>		NAME		
STREET ADDRESS	<b>2725 SW THIRD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MCBRIDE, THERESA</b>		NAME		
STREET ADDRESS	<b>2725 SW THIRD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33129</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				DATE: <b>1/22/03</b> (305) 856-7474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	

CR2E037 (10/02)