


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

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90243 034 \*\*\*\*61.25

**DOCUMENT # N02000009654**  
1. Entity Name  
**ASSOCIATION OF UNITED MEXICANS LA RAZA INC.**



Principal Place of Business  
**2704 SW 20TH AVE  
OCALA FL 34474**

Mailing Address  
**2704 SW 20TH AVE  
OCALA FL 34474**

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

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

City & State

Zip Country

4. FEI Number **86-1053404** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DIAZ, MARIA E  
2704 SW 20TH AVE  
OCALA FL 34474**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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	DP	<input type="checkbox"/> Delete
NAME	DIAZ, MARIA E	
STREET ADDRESS	2704 SW 20TH AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DUARTE, MARINO	
STREET ADDRESS	2704 SW 20TH AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	REINAE, MIGUEL	
STREET ADDRESS	2704 SW 20TH AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CORTES, JOSE A	
STREET ADDRESS	2704 SW 20TH AVE	
CITY-ST-ZIP	OCALA FL 34474	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINA MENDEZ	
STREET ADDRESS	2544 HWY 40 WEST	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN SOSA	
STREET ADDRESS	14340 NW 44 COURT	
CITY-ST-ZIP	OCALA, FL 34473	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN SANDOVAL	
STREET ADDRESS	3021 NW 16 LANE	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. MARIA E. DIAZ	
STREET ADDRESS	2704 SW 20 AVE	
CITY-ST-ZIP	OCALA FL 34474	
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)(f), 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: MARIA E DIAZ **MARIA E DIAZ** 4-26-03-352-237-5767.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)