

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006708

1. Entity Name

LA RAZA UNIDA CENTER, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90071 010 ****61.25

Principal Place of Business

Mailing Address

2002 MLK BLVD.
POMPANO BEACH FL 33069

2002 MLK BLVD.
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877612

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENERIA, JOSE G
2002 MLK BLVD.
POMPANO BEACH FL 33069

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
PD
 NAME **RENERIA, JOSE G**
 STREET ADDRESS **2002 HAMMONDVILLE RD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
ALEJANDRE, JOSE
 STREET ADDRESS **231 NE 24TH ST.**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
CARBAJAL, MARIA
 STREET ADDRESS **2002 MLK BLVD. #A**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
ARTEAGA, EVA R
 STREET ADDRESS **2002 MLK BLVD. #F**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
VALLE, CIRILA
 STREET ADDRESS **2000 HAMMONDVILLE RD #D**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-00

Date

Daytime Phone #

CR2E037 (9/99)