

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006708

1. Entity Name

LA RAZA UNIDA CENTER, INC.

Principal Place of Business

2002 MLK BLVD.
POMPANO BEACH FL 33069

Mailing Address

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Victor Alejandro Diaz*
Street Address (P.O. Box Number is Not Acceptable)
3411 N.E. 11th Av. Bldg #8
Pompano Bch, FL
City *FL* Zip Code *33064*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENTERIA, JOSE G 2002 HAMMONDVILLE RD. POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEJANDRE, JOSE 231 NE 24TH ST. POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARBAJAL, MARIA 2002 MLK BLVD. #A POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTEAGA, EVA R 2002 MLK BLVD. #F POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLE, CIRILA 2000 HAMMONDVILLE RD #D POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. <i>Victor Alejandro Diaz</i> <i>3411 N.E. 11th Av. Bldg #8</i> <i>Pompano Bch, FL 33064</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Israel Renteria</i> <i>2002 Hammondville Rd.</i> <i>Pompano Bch, FL 33069</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose G. Renteria* 5/23/02 (954) 972-1203

FILED
02 JUL 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE 01-02

4. FEI Number 65-0877612 Applied For Not Applicable

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

CR2E037 (5/01)