

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90141 011 ***150.00

DOCUMENT # N99000006596

1. Entity Name

MUJERES LATINAS IMPULSANDO MUJERES LATINAS, INC.

Principal Place of Business

Mailing Address

18459 PINES BLVD. STE.342
 PEMBROKE PINES FL 33029

18459 PINES BLVD. STE.342
 PEMBROKE PINES FL 33029-1400

2. Principal Place of Business

3. Mailing Address

P.O. Box 267 336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL 33326

4. FEI Number

65-099 8319

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALCEDO, MAPPY
 18459 PINES BLVD.,STE.342
 PEMBROKE PINES FL 33029

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	SALCEDO, MAPPY	
STREET ADDRESS	18459 PINES BLVD.,STE.342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	✓
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELOS ANGELES VILLAR, MARIA	
STREET ADDRESS	18459 PINES BLVD.,STE.342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	✓
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANTONIETA DIAZ, MARIA	
STREET ADDRESS	18459 PINES BLVD. STE.342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	✓
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDDE, ZORAIDA	
STREET ADDRESS	18459 PINES BLVD.,STE.342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	✓
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN FURMAN, TAMY COORD	
STREET ADDRESS	18459 PINES BLVD. STE.342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	✓
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL VALLE, SANDRA COORD.	
STREET ADDRESS	18459 PINES BLVD. STE.342	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	✓

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Garcia	
STREET ADDRESS	assistant secretary & Director	
CITY-ST-ZIP	18459 Pines Bl. suite 342 Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regina Rava chi	
STREET ADDRESS	Director	
CITY-ST-ZIP	18459 Pines Bl. suite 342 Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cinthya Figueroa	
STREET ADDRESS	Director	
CITY-ST-ZIP	18459 Pines Blvd. Suite 342 Pembroke Pines FL 33029	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ileana Arias Tovar	
STREET ADDRESS	Director	
CITY-ST-ZIP	18459 Pines Blvd. Suite 342 Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Azenet Sierra	
STREET ADDRESS	Director	
CITY-ST-ZIP	18459 Pines Blvd. Suite 342 Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingrid Trufant	
STREET ADDRESS	Director	
CITY-ST-ZIP	18459 Pines Blvd. Suite 342 Pembroke Pines, FL 33029	

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]* **(954)**
 04-24-00 364-6266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-2037 (9/99)

DU049893
N990000659!

Additional Directors

1) Maria A. Penaherrera
18459 Pines Blvd Suite 342
Pembroke Pines, FL 33029

2) Laura Cabrera
18459 Pines Blvd Suite 342
Pembroke Pines, FL 33029