


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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90133 041 \*\*\*\*61.25

**DOCUMENT # N99000006596**

1. Entity Name  
**MUJERES LATINAS IMPULSANDO MUJERES LATINAS, INC.**



Principal Place of Business  
**P.O. BOX 267336  
WESTON FL 33326**

Mailing Address  
**P.O. BOX 267336  
WESTON FL 33326**

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

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0998319** 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**

**ARIAS, ILEANA**  
**1725 MAIN STREET, SUITE #205**  
**WESTON FL 33326**

**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 \_\_\_\_\_  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FIGUEROA, CINTHYA</b>	
STREET ADDRESS	<b>16726 NW 20TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELMONT, MARGARET</b>	
STREET ADDRESS	<b>3970 OAKS CLUB HOUSE DR #110</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>URIBE, XIMENA</b>	
STREET ADDRESS	<b>1695 ORCHID BEND</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARRILLO, BEATRIZ</b>	
STREET ADDRESS	<b>10931 SW 10TH PLACE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEL VALLE, SANDRA</b>	
STREET ADDRESS	<b>16359 FERN DR</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GONZALEZ, ALEXANDRA</b>	
STREET ADDRESS	<b>16141 BLATT BLVD, APT 202</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sandra del Valle</b>	
STREET ADDRESS	<b>16359 Fern Drive</b>	
CITY-ST-ZIP	<b>Weston, FL 33326</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Claudia Abello</b>	
STREET ADDRESS	<b>1354 NW 125 Terrace</b>	
CITY-ST-ZIP	<b>Sunrise, FL 33323</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jenny Vallejo</b>	
STREET ADDRESS	<b>P.O. Box 268234</b>	
CITY-ST-ZIP	<b>Weston, FL 33325</b>	
TITLE	<b>ID</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTHA MESA</b>	
STREET ADDRESS	<b>2315 NW 184 Terrace</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NADIA GAJARDO</b>	
STREET ADDRESS	<b>1581 Winterberry</b>	
CITY-ST-ZIP	<b>Weston, FL 33327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Helena Romero</b>	
STREET ADDRESS	<b>13147 SW 29 Street</b>	
CITY-ST-ZIP	<b>Miramar, FL 33027</b>	

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 Required)*

03/20/03 (954) 8181155

CR2E037 (10/02)

Directorza

Mirilene POMBO.

18375 NW 21 Street.

Pembroke Pines, FL 33029.

Attachment

20027960

N990060UC596