

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90025 036 ****61.25

DOCUMENT # P24148

1. Entity Name

FARM LABOR ORGANIZING COMMITTEE, INC.

Principal Place of Business

Mailing Address

1221 BROADWAY
 TOLEDO OH 43609
 US

1221 BROADWAY
 TOLEDO OH 43609-2807
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1044086

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

CUEVAS, FERNANDO
326 EAST MAPLE STREET
WINTER GARDEN FL 34787

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
 NAME **P**
VELASQUEZ, BALDEMAR
 STREET ADDRESS **3352 PLAINVIEW**
 CITY-ST-ZIP **TOLEDO OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
VELASQUEZ, RICKY
 STREET ADDRESS **10817 RD 3**
 CITY-ST-ZIP **OTTAWA OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
CUEVAS, FERNANDO
 STREET ADDRESS **326 E. MAPLE ST.**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
CUEVAS, JR FERNANDO
 STREET ADDRESS **326 E MAPLE ST**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
GARCIA, MARIA
 STREET ADDRESS **1572 LA POSADA**
 CITY-ST-ZIP **BROWNSVILLE TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
RIZO, JUAN
 STREET ADDRESS **342 E PLANT ST**
 CITY-ST-ZIP **WINTER GARDEN FL**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13/2000 (419) 243-3456
 Date Daytime Phone #

CR2E037 (9/99)