

**2017 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F01000003029

**Entity Name:** UNITED MIGRANT OPPORTUNITY SERVICES/UMOS INC.

**Current Principal Place of Business:**

2701 S CHASE AVE  
MILWAUKEE, WI 53207

**Current Mailing Address:**

PO BOX 04129  
MILWAUKEE, WI 53204 US

**FEI Number: 39-1047172**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PACIFIC REGISTERED AGENGTS, INC  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name AVILA, NEDDA  
Address 2855 S 8TH ST  
City-State-Zip: MILWAUKEE WI 53215

Title CHAIRMAN  
Name LOPEZ, JUAN JOSE  
Address 2532 FAIRFIELD PLACE  
City-State-Zip: MADISON WI 53704

Title TREASURER  
Name GUIX, JULIO  
Address 4960 SOUTH 37TH  
City-State-Zip: GREENFIELD WI 53221

Title VC  
Name WATTS, MARIA  
Address 611 WEST NATIONAL AVENUE  
SUITE 110  
City-State-Zip: MILWAUKEE WI 53204

Title PRESIDENT / CEO  
Name MARTINEZ, LUPE  
Address 2701 S CHASE AVE  
City-State-Zip: MILWAUKEE WI 53207

Title DIRECTOR  
Name BANICKI, JAN  
Address N1629 STATE HWY 22  
City-State-Zip: MONTELO WI 53949

Title PARLIAMENTARIAN  
Name OBREGON, BEN  
Address PO BOX 1225  
City-State-Zip: MADISON WI 53701

Title DIRECTOR  
Name GALVAN, CYNTHIA  
Address 2030 WUSTUM AVENUE  
City-State-Zip: RACINE WI 53404

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JUAN JOSE LOPEZ**

**CHAIRMAN**

**07/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WIESNER, MARIA BORDA  
Address S76W18264 JANESVILLE ROAD  
City-State-Zip: MUSKEGO WI 53150

Title DIRECTOR  
Name RATHELL, SILVIA PEREZ  
Address 7015 KEPNER COURT  
City-State-Zip: LANHAM MD 20706

Title DIRECTOR  
Name RENDON, GUADALUPE (WALLY)  
Address 833 LOMBARD AVE  
City-State-Zip: RACINE WI 53402

Title DIRECTOR  
Name MAGEE, KEVIN JD  
Address 3094 WAUCHEETA TRAIL  
City-State-Zip: MADISON WI 53711

Title HEAD START POLICY COUNCIL  
REPRESENTATIVE  
Name REYES, ELDER  
Address 709 VALLEY STREET  
City-State-Zip: CARTHAGE MO 64836

Title DIRECTOR  
Name CARILLO, JOSE  
Address 125 WINESAP DRIVE  
City-State-Zip: JANESVILLE WI 53545

Title DIRECTOR  
Name GALAVIZ, MARISELA  
Address 3732 S. GRIFFIN  
City-State-Zip: MILWAUKEE WI 53207

Title DIRECTOR  
Name ROMO, PEGGY  
Address 901 NORTH 9TH STREET # 201  
City-State-Zip: MILWAUKEE WI 53233

Title DIRECTOR  
Name VILLMOW, JOE  
Address 8643 N 66TH STREET  
City-State-Zip: MILWAUKEE WI 53223