

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90100 032 ****70.00

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

DOCUMENT # 724397

1. Entity Name
CENTRO CAMPESINO-FARMWORKER CENTER, INC.



80055618

Principal Place of Business
35801 S.W. 187TH AVENUE
FLORIDA CITY, FL 33034

Mailing Address
P O BOX 343449
FLORIDA CITY, FL 33034 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1460598

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AMBER AND AMBER
7731 SW 62ND AVENUE SUITE 202
MIAMI, FL 33143**

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 resigning)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JENSEN, ROBERT
1650 N. KROME AVE.
HOMESTEAD, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEGOR, JOSEPH
12801 SW 112 CT.
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ALLAN, YANICK
35801 SW 186TH STREET
FLORIDA CITY, FL 33034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

3/13/03 (305) 245-7738
Date Daytime Phone #

CR2037 (10/02)