

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730219

1. Entity Name

SPANISH AMERICAN LEAGUE AGAINST DISCRIMINATION.

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90135 035 \*\*\*\*61.25

Principal Place of Business

900 SW 1 ST  
SUITE 201  
MIAMI FL 33130  
US

Mailing Address

900 SE 1ST ST  
SUITE 201  
MIAMI FL 33130  
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

900 SW 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FL

4. FEI Number

59-2017670

Applied For

Not Applicable

Zip

Country

Zip

Country

33130

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, OSVALDO N  
2151 LEJEUNE ROAD  
SUITE 310  
CORAL GABLES FL 33134

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

After September 13, 2000 min. will be \$236.25

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 SD ☒ Delete  
NAME PARAJON-PEDRAJA, OFELIA  
STREET ADDRESS 8200 SW 46 STREET  
CITY-ST-ZIP MIAMI FL 33144

TITLE SD ☒ Change ☐ Addition  
NAME CARLOS MARTINEZ  
STREET ADDRESS 1320 NW 14 Street  
CITY-ST-ZIP Miami, FL 33125

TITLE TD ☒ Delete  
NAME MUINA, MARGARITA  
STREET ADDRESS 1110 BRICKELL AVENUE, 7TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE TD ☒ Change ☐ Addition  
NAME OSCAR CEDENO  
STREET ADDRESS P.O. BOX 558094  
CITY-ST-ZIP Miami, FL 33255

TITLE CD ☐ Delete  
NAME SOTO, OSVALDO  
STREET ADDRESS 2151 LEJEUNE RD. #310  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 OF OSVALDO N. SOTO

8/1/00

(305) 567-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)