

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90070 032 ****61.25

DOCUMENT # 747528

1. Entity Name

LATVIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 22-1955
 HOLLYWOOD FL 33022

P.O. BOX 22-1955
 HOLLYWOOD FL 33022-1955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1918063

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERZINS, LUDIS
1335 RODMAN ST
HOLLYWOOD FL 33019

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	PD	<input type="checkbox"/> Delete
NAME	BERZINS, LUDIS	
STREET ADDRESS	1335 RODMAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAUZULIS, EMMA	
STREET ADDRESS	450 SE 7TH ST	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIEZE, MILDA	
STREET ADDRESS	4306 E TRADEWIND	
CITY-ST-ZIP	LAUDERDALE-BY-THE SEA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRENDE, DZIDRA	
STREET ADDRESS	134 ONE 27TH WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	HARTMANIS, ALFONS	
STREET ADDRESS	117 SE 7TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENTS, JANIS	
STREET ADDRESS	1427 E HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIEZE MILDA	
STREET ADDRESS	4306 E TRADEWIND	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEE 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDE ARVIDA	
STREET ADDRESS	1340 NE 27 WAY	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ludis Berzins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2-21-2000* Daytime Phone #: *954-923-6056*

CR2E037 (9/99)