

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90068 022 ****70.00

DOCUMENT # 750070

1. Entity Name

LA PROGRESIVA ALUMNI ASSOCIATION, INC.

Principal Place of Business

2480 NW 7 ST.
 MIAMI FL 33125-3135

Mailing Address

2480 NW 7 ST.
 MIAMI FL 33125-3135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2678557

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-PADILLA, MANUEL
3231 S.W. 16 TERRACE
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MYRIAM, TORRES	
STREET ADDRESS	8300 S.W. 184 TERR.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COBO-TORANZO, FRANK	
STREET ADDRESS	590 NW 126TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, MIGDALIA	
STREET ADDRESS	1410 S. OCEAN DR #302	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRIAM TORRES	
STREET ADDRESS	8300 S.W. 184 Ter.	
CITY-ST-ZIP	Miami, Fla. 33157	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBO-TORANZO, FRANK	
STREET ADDRESS	590 N.W. 126th St	
CITY-ST-ZIP	N. Miami, FL. 33168	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MIGDALIA	
STREET ADDRESS	1410 S. Ocean Dr. # 302	
CITY-ST-ZIP	Hollywood, FL. 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Frank Cobo-Toranzo*
 Frank Cobo-Toranzo (Treasurer)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000 (305)688-2617
 Date Daytime Phone #

CR2E037 (9/99)