

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755578

1. Entity Name

COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, I

Principal Place of Business

Mailing Address

305 S. FLAGLER AVENUE
HOMESTEAD FL 33030
US

P O BOX 900368
HOMESTEAD FL 33090-0368
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2149950

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LOPEZ, ARTURO
305 S. FLAGLER AVENUE
HOMESTEAD FL 33030

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 D ☐ Delete
NAME THOMPSON, ROBERT
STREET ADDRESS 9975 MARLIN RD.
CITY-ST-ZIP MIAMI FL

TITLE S ☒ Change ☐ Addition
NAME THOMPSON, ROBERT
STREET ADDRESS 9975 MARLIN RD.
CITY-ST-ZIP MIAMI, FL 33920

TITLE D ☒ Delete
NAME GOMEZ, EVA
STREET ADDRESS PO BOX 1000
CITY-ST-ZIP QUINCY FL 32353

TITLE D ☐ Change ☒ Addition
NAME MARTIN, JOANES
STREET ADDRESS 605 SW 6TH AVE.
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE TD ☐ Delete
NAME PRO, FERNANDO
STREET ADDRESS 20310 SW 106TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ Change ☐ Addition
NAME PRO, FERNANDO
STREET ADDRESS 20310 SW 106TH AVE.
CITY-ST-ZIP MIAMI, FL 33189

TITLE C ☐ Delete
NAME NAREZO, PEDRO
STREET ADDRESS 2012 CAPITAL CENTER CIRCLE SE
CITY-ST-ZIP TALLAHASSEE FL 32399

TITLE C ☒ Change ☐ Addition
NAME NAREZO, PEDRO
STREET ADDRESS 3747 SHAMROCK ST WEST
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD ☐ Delete
NAME SERRATA, ESMERALDA
STREET ADDRESS 1800 FARMWOKER WAY
CITY-ST-ZIP IMMOKALEE FL 34142

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

TITLE D ☒ Delete
NAME OROPEZA, ROBERTO
STREET ADDRESS 220 E MAIN ST
CITY-ST-ZIP WACHULA FL

TITLE D ☐ Change ☒ Addition
NAME NAVA, LUPITA
STREET ADDRESS 2105 WEST IMMOKALEE DRIVE
CITY-ST-ZIP IMMOKALEE, FL 34142

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:

FERNANDO PRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/2000

(305)238-0837

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90153 005 ****70.00



DO NOT WRITE IN THIS SPACE