

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835771

1. Entity Name

LA ASOCIACION NACIONAL PRO PERSONAS MAYORES

Principal Place of Business

234 E COLORADO BLVD STE 300
PASADENA CA 91101

Mailing Address

234 E COLORADO BLVD
SUITE 300
PASADENA CA 91101
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

95-6527300

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

MIYARES, MARIA
1150 S.W. 1ST. ST., SUITE 113
MIAMI FL 33130

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 reinstating)

DATE

After September 13, 2002,
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 S ☐ Delete
NAME GRENIER, THERESE
STREET ADDRESS 10844 WICKS ST.
CITY-ST-ZIP SHADOW HILLS CA

TITLE Treasurer ☐ Change ☒ Addition
NAME Carole Kracer
STREET ADDRESS 14960 Dickens St. #106
CITY-ST-ZIP Sherman Oaks, CA 91403

TITLE T ☒ Delete
NAME RODRIGUEZ, HENRY
STREET ADDRESS 3520 GLENROSE AVE.
CITY-ST-ZIP ALTADENA CA

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

TITLE PD ☐ Delete
NAME LACAYO, CARMELA G.
STREET ADDRESS 10844 WICKS ST
CITY-ST-ZIP SHADOW HILLS CA

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

TITLE D ☒ Delete
NAME LYON, JUANA
STREET ADDRESS 1050 W. LAGUNA AZUL AVE
CITY-ST-ZIP MESA AZ

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.

Dr. Carmela G. Lacayo

SIGNATURE:

SIGNATURE REQUIRED

09/06/2002

626-564-1988

CR2E037 (4/02)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90092 031 ****70.00

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