2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am⁵ Secretary of State DOCUMENT # N0000000234 LATINOS UNITED IN ACTION CENTER, INC. 05-03-2001 91114 009 ****70.00 Principal Place of Business Mailing Address 80 S SHORE DRIVE APARTMENT #509 80 S SHORE DRIVE APARTMENT #509 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-100 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) VARGAS, JUANA A 1364 S.W. 181 AVE --PEMBROKE PINES FL 33029 City 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete FELDMAN, STEVEN NAME NAME STREET ADDRESS 80 S SHORE DRIVE 509 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME VARGAS, JUANA A NAME 1364 S.W. 181 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7(P PEMBROKE PINES FL 33029 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition VARGAS, ZUNILDA NAME, NAME STREET ADDRESS 80 S. SHORE DRIVE #8 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICE