2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-15-2001 90231 001 ****61.25
03-15-2001 90231 002 *****8.75
03-15-2001 90231 003 *****5.00

- 33160

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000002958

1. Entity Name

LATINAMERICAN FAMILY HOME CHILD CARE PROVIDERS &

Principal Place of Business	Mailing Address
5620 SAILFISH DR LUTZ FL 33549-5999	5620 SAILFISH DR LUTZ FL 33549-5999

2. Principal Place of Business	3. Mailing Address
5620 - Sailfish Drive Suite, Apt. #, etc.	5620 - Sailfish Drive Suite, Apt. #, etc.
City & State: Lutz, Florida	City & State: Lutz, Florida
Zip: 33549-5999 Country: U.S.A.	Zip: 33549-5999 Country: U.S.A.

4. FEI Number: 59-3641587 ☐ 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
FOLSOM, LUZ N 5620 SAILFISH DR LUTZ FL 33549-5999	Name: Luz N. Folsom Street Address (P.O. Box Number is Not Acceptable): 5620 - Sailfish Drive City: Lutz FL Zip Code: 33549-5999

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: Luz N. Folsom 03/12/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Luz N. Folsom (D), 5620 - Sailfish Drive, Lutz, Florida 33549-5999	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Rosa Forero (D), 6406 - Monterey Blvd, Tampa, Florida 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer, Noemi Acosta, 2260 - Blue Spruce way, Tampa, Florida 33604	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer, Carmen Rodriguez, 811 - E. Lotus Avenue, Tampa, Florida 33612	☑ Change ☑ Addition New Treasurer Person
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice - President, Zaida Donis (D), 5460 - Fulmar Drive, Tampa, Florida 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair Person, Flor Maria Viteri, 2711 - Gulf Blvd, Belleair Beach, Florida 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson, Piedad Torres, 2714 - Cluster Avenue, Tampa, Florida 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Luz N. Folsom (D) Luz N. Folsom CEO 03/12/01 (813)908-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #