

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2002 8:00 am  
Secretary of State

03-14-2002 90380 001 \*\*\*\*\*8.75  
03-14-2002 90380 002 \*\*\*\*\*61.25  
03-14-2002 90380 003 \*\*\*\*\*5.00

DOCUMENT # N00000002958

1. Entity Name

LATINAMERICAN FAMILY HOME CHILD CARE PROVIDERS & CENTERS ASSOCIATION, INC.

Principal Place of Business

5620 SAILFISH DR  
LUTZ FL 33549-5999

Mailing Address

5620 SAILFISH DR  
LUTZ FL 33549-5999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5636-Sailfish Drive

Suite, Apt. #, etc.

P.O. Box 26945

Lutz, Florida

Tampa, Florida

Zip

Country

Zip

Country

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

LUZ N. Folsom  
5636-Sailfish Drive  
Lutz, Florida  
33558-5999

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	FOLSOM, LUZ N.	Zip 33558-5999	<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		5636 SAILFISH DRIVE		
CITY-ST-ZIP		LUTZ FL 33549-5999		
TITLE	SD	FORERO, ROSA M.		<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		6406 MONTEREY BLVD		
CITY-ST-ZIP		TAMPA FL 33624		
TITLE		RODRIGUEZ, CARMEN I.		<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		811 E. LOTUS AVE		
CITY-ST-ZIP		TAMPA FL 33612		
TITLE	VP	DONIS, ZAIDA		<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		5460 FULMAR DRIVE		
CITY-ST-ZIP		TAMPA FL 33625		
TITLE	C	VITERI, MARIA Flor M. Viteri		<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		2711 GULF BLVD		
CITY-ST-ZIP		BELLEAIR BEACH FL 33786		
TITLE	C	TORRES, PIEDARO		<input type="checkbox"/> Delete
NAME				
STREET ADDRESS		2344 CLUSTER AVE		
CITY-ST-ZIP		TAMPA FL 33614		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Folsom, LUZ N.	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME			
STREET ADDRESS		5636 Sailfish Drive	
CITY-ST-ZIP		Lutz, Florida 33558-5999	
TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	C	Flor M. Viteri	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME			
STREET ADDRESS		2711 - Gulf Blvd	
CITY-ST-ZIP		Belleair Beach, Florida 33786	
TITLE	C	Zeida Garcia	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME			
STREET ADDRESS		111 - Dogwood Avenue	
CITY-ST-ZIP		Tampa, Florida 33613	

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

02/28/02 (913) 908-2083

Date

Daytime Phone #

CR2E037 (9/01)