

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

DOCUMENT # N00000002958

1. Entity Name

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



Principal Place of Business

**5636 SAILFISH DRIVE
LUTZ FL 33558-5999
US**

Mailing Address

**P.O. BOX 26945
TAMPA FL 33623-6945
US**

2. Principal Place of Business

5636 - Sailfish Drive

3. Mailing Address

P.O. Box 26945

-Suite, Apt. #, etc.

-Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lutz, Florida

City & State

Tampa, Florida

Zip

33558-5999

Country

Hillsborough

Zip

33623-6945

Country

Hillsborough

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

**FOLSOM, LUZ N
5636 SAILFISH DRIVE
LUTZ FL 33558-5999**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLSOM, LUZ N 5636 SAILFISH DRIVE LUTZ FL 33558-5999	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORERO, ROSA M 6406 MONTEREY BLVD TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, CARMEN I 811 E. LOTUS AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONIS, ZAIDA 5480 FULMAR DRIVE TAMPA FL 33625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VITERI, FLOR M 2711 GULF BLVD BELLEAIR BEACH FL 33786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARCIA, ZEIDA 1111 DOGWOOD AVE. TAMPA FL 33613	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Esther J. Aragón 803 - E. Louisiana Avenue Tampa, Florida 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Miguelina Ocasio 10213-Brandy Hills Court Tampa, Florida 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sonia M. Neacsu 7019 - Allview Drive Tampa, Florida 33637	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G Ana E. Núñez 4211 - E. Richmere street Tampa, Florida 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

03/26/03 (813) 908-2083

CR2E037 (10/02)