# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 10, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# N01000000645

**Entity Name:** CLUB UNION LATINA, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 12406
FT.PIERCE, FL 349792406

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 12406
FT.PIERCE, FL 349792406

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, THOMAS A
1203 DRIFTWOOD LANE
FORT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GONZALEZ, THOMAS A
Address: 1203 DRIFTWOOD LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: VD ( ) Delete
Name: VIGNIER, CECILIA
Address: 2799 S.E. PINE VALLEY STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TD ( ) Delete
Name: GEORGE, LILIANA
Address: 1503 CORALBEAN COURT
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD ( ) Delete
Name: ARNAU, RENE
Address: 114 S.E. NARANJA AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: BOHORQUEZ, LILIA
Address: 1596 S.E. BALCOURT
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. GONZALEZ PRES 05/10/2002

Electronic Signature of Signing Officer or Director — Date